



PILOT TAX

2015 Tax Year

Please make sure this Organizer is complete and all requested materials are provided. Provide original W-2s and 1099 statements and copies of all other documents. This will allow us to process your return in the fastest and most efficient manner. Only complete the sections which apply to your tax situation. **If you are based in a foreign country and/or have foreign earned income, do not use this Organizer, please complete the Foreign Domicile Organizer. You can download this Organizer at www.pilot-tax.com.** Please call if you have any questions.

PERSONAL DATA (Please Print)

| First Name | M.I. | Last Name (as on your SS Card) | Social Security Number | Date of Birth | Sex |
|---|---------|---|------------------------|-----------------------|---|
| Taxpayer: | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Spouse: | | | | | <input type="checkbox"/> M <input type="checkbox"/> F |
| Street Address | | Apt. # | City | State | Zip Code |
| Current Tax Address: | | | | | |
| Mailing Address: | | | | | |
| <i>Tax Address: The current state to which you pay tax and the address we use on your tax return. Note: Must be able to receive mail.</i> | | | | | |
| <i>Mailing Address: The address where we mail your documents if different from your tax address.</i> | | | | | |
| Occupation | Airline | Base | Employee # | Date of Hire | Preferred Name/Nickname |
| Taxpayer: | | | | | |
| Spouse: | | | | | |
| Email: | | Home Phone Number: | | Cell Phone Number: | |
| Spouse's Email: | | Spouse's Home Number: | | Spouse's Cell Number: | |
| Best way to contact you: | | May we notify you via text messages to your cell phone when your return is complete? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, tell us which carrier to use (e.g. Verizon, Sprint, etc.) | | | | | |

FILING STATUS (Check One)

| | | |
|--|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married Filing Joint | <input type="checkbox"/> Qualifying Widow(er) Spouse's date of death |
| <input type="checkbox"/> Married Filing Separate <i>If you file MFS and itemize your deductions, your spouse must itemize their deductions as well.</i> | Spouse Name: _____ Spouse Soc. Sec. #: _____ | |
| | Did you live with your spouse any time during 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, did you live with your spouse any time after June 30? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Head of Household <i>If you are the custodial parent & someone else is taking the exemption for your child, complete this section. Otherwise, list all dependents in the following section.</i> | Name: _____ Soc. Sec. #: _____ | |
| | Relationship: _____ | Date of Birth: _____ # of months lived with you: _____ |
| | Who is claiming this person on their tax return? | |
| <input type="checkbox"/> Domestic Partner/Civil Union <i>If you are in a legal union recognized by your state (e.g. civil union, registered domestic partnership).</i> | List State(s) where your relationship is registered: _____ | |
| | For your state return(s), please identify your preferred filing status: <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate | |

DEPENDENT INFORMATION

Dependent's income must be under \$4,000 unless they are a full time student under the age of 24. If your dependent children do not live with you, **YOU MUST PROVIDE CURRENT FORM 8332 RELEASE OF CLAIM IN ORDER FOR IRS TO GRANT THE EXEMPTION.**

| Name (as it appears on the SS Card) | Date of Birth | SSN | Relationship | Income | # Months at home | Full Time Student? | Dep. Tax Return Filed? |
|-------------------------------------|---------------|-----|--------------|--------|------------------|------------------------------|--|
| | | | | \$ | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | \$ | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | \$ | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | \$ | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | \$ | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Divorced/Separated Parents: Do you alternate claiming child(ren) in even/odd years? Yes No *If yes, please provide details.*

IMPORTANT QUESTIONS

| Yes | No | Please Answer All Questions | Amount |
|--|--------------------------|---|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any out of state purchases without paying sales tax that you need to claim on your state return? | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any children under age 24 with investment income over \$2,100? If yes, please provide 1099 statements. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adopt a child during 2015? If yes, contact us for additional information. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you owe any back taxes to the IRS or your state? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any delinquent student loans or owe back child support? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the IRS garnish your refund last year? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? If yes, provide explanation in Comments on pg. 10. Provide Form 1099-A and/or 1099-C. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you agree to allow Pilot-Tax to discuss this return with the IRS should questions arise? | |
| What is your maiden name or previous married name? | | | |

| NEW CLIENTS ONLY | | | |
|--------------------------------|--------------------------|---|--------|
| Yes | No | New Clients Please Answer All Questions | Amount |
| <input type="checkbox"/> | <input type="checkbox"/> | Did Pilot-Tax prepare your 2014 tax return? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a federal refund last year? If yes, amount? | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a state and/or local tax refund last year? If yes, amount? | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay additional tax when you filed your state or local tax return last year? If yes, amount? | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you itemize your deductions for 2014? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take a distribution from a retirement plan (401K, IRA, SEP, Roth) during 2013 or 2014? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been (or are you being) audited for 2013 or 2014? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you claim a Net Operating Loss (NOL) or carry over loss in 2014? | |
| Who referred you to Pilot-Tax? | | | |

FOREIGN ACCOUNTS

| Yes | No | Please Answer All Questions |
|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2015, did you have a financial interest in, or a signature authority over a financial account located in a foreign country? (Foreign Bank, Securities or other financial account) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the combined value of these accounts exceed \$10,000 at any time during 2015? If yes, provide the Country(ies) as these must be reported on your tax return. |
| Additionally, you are required to submit an FBAR-FinCEN Report 114 electronically via the BSA E-Filing System no later than June 30, 2016. A link is available on our website. | | |

If you live in the U.S. and the balance of your foreign account(s) exceeds \$50,000 for Single/MFS or \$100,000 for Joint filers on the last day of the year **OR** the balance exceeds \$100,000/\$150,000 at any point during the year, **you are required to file form 8938 with your tax return.** Taxpayers living outside of the U.S. have higher thresholds and are only required to file the form if the foreign account(s) balance exceeds \$200,000 for Single/MFS or \$400,000 for Joint filers on the last day of the year **OR** exceeds \$300,000/\$600,000 at any point during the year. If you are required to file form 8938, please visit our website and download the Foreign Accounts Worksheet.

STATE RESIDENCY INFORMATION FOR 2015

All clients complete this section, even if you only lived in one state or lived in a state with no income tax.
If you paid taxes to more than one state, you may receive a separate W-2 for each state. We must have ALL of these W-2's.

| State | Own | Rent | Other | Date Moved In | Date Moved Out | Still a Resident? | County | School District |
|-------|--------------------------|--------------------------|--------------------------|---------------|----------------|--|--------|-----------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If you are required to file a state return and **DO NOT** want Pilot-Tax to prepare your state return for you, initial here. (Remember, you **should not** file your state return before you file your federal return.)

DO NOT File my State Initial Here

A. INCOME SOURCES

| Yes | No | Please Answer All Questions | Amount |
|--|--------------------------|---|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any alimony during 2015? | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any alimony in 2015? To: SSN: | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any unemployment during 2015? If yes, please provide Form 1099 G. | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a K-1 from any entities—Corporation, Estate, Trust, Partnership, etc.? If yes, enclose. | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security during 2015? (Enclose SSA - 1099) | \$ |
| 1099 Misc.—income should be reported in Small Business/Self Employment Section. | | | |

| Yes | No | Please Answer All Questions | Amount |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any type of additional income during 2015? (jury duty pay, training stipends, duty free commissions, taxable prizes, trustee fees, etc.) Specify type of income and provide amount. Provide 1099-MISC if applicable. | Taxpayer \$ Spouse \$ |
| <i>Gambling losses may only be used to offset winnings. Losses greater than winnings are not deductible. You need to have documentation of your gambling losses. Note: Provide Forms W-2G reporting state where winnings were paid.</i> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any gambling winnings in 2015? | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any gambling losses in 2015? | \$ |

B. FORM W-2: WAGE & TAX STATEMENT

Please list the 2015 employers for you and your spouse, indicate whether the employer is the Taxpayer's or Spouse's, and **provide the original Forms W-2.**

| Employer | Taxpayer or Spouse? | Employer | Taxpayer or Spouse? | Employer | Taxpayer or Spouse? |
|----------|---|----------|---|----------|---|
| | <input type="checkbox"/> T/P <input type="checkbox"/> S | | <input type="checkbox"/> T/P <input type="checkbox"/> S | | <input type="checkbox"/> T/P <input type="checkbox"/> S |
| | <input type="checkbox"/> T/P <input type="checkbox"/> S | | <input type="checkbox"/> T/P <input type="checkbox"/> S | | <input type="checkbox"/> T/P <input type="checkbox"/> S |

C. ESTIMATED TAX PAYMENTS

The quarterly payments made to the IRS and/or your state. These payments are usually for tax on self-employment/investment income.

| Federal Amount | Date of Payment | State Amount | Date of Payment | Local Amount | Date of Payment |
|----------------|-----------------|--------------|-----------------|--------------|-----------------|
| \$ | | \$ | | \$ | |
| \$ | | \$ | | \$ | |
| \$ | | \$ | | \$ | |
| \$ | | \$ | | \$ | |

D. FORM 1099-INT: INTEREST INCOME

Please list the institutions for which 2015 interest income was received for you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over \$2,100, it must be reported on your return or be taxed at your tax rate on their return. **Please provide the original Forms 1099-INT or other statements reporting interest income.**

| Institution | Taxpayer, Spouse or Dependent? | Institution | Taxpayer, Spouse or Dependent? | Institution | Taxpayer, Spouse or Dependent? |
|-------------|--|-------------|--|-------------|--|
| | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D |
| | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D |

E. FORM 1099-DIV: DIVIDENDS AND DISTRIBUTIONS

Please list the institutions for which 2015 dividends and capital gains distributions were received by you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over \$2,100, it must be reported on your return or be taxed at your tax rate on their return. **Please provide the original Forms 1099-DIV and all year-end summary statements.**

| Institution | Taxpayer, Spouse or Dependent? | Institution | Taxpayer, Spouse or Dependent? | Institution | Taxpayer, Spouse or Dependent? |
|-------------|--|-------------|--|-------------|--|
| | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D |
| | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D | | <input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D |

F. FORM 1099-B: STOCKS AND BONDS SOLD*

The information below **MUST** be provided. **Provide your complete year-end statement including Form 1099-B from your broker.** Purchase price (cost basis) must be provided.

| Description and Quantity | Purchase Date | Sale Date | Proceeds | Purchase Price Cost Basis |
|--------------------------|---------------|-----------|----------|---------------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

G. FORM 1099-R: DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT, PROFIT SHARING PLANS, IRAs, ETC.*

Please list the institutions and provide the following information for which 2015 distributions were received for you and your spouse. **Please provide the original Forms 1099-R.**

| Institution | Taxpayer or Spouse? | Date of Distribution | Reason for Distribution | Amount rolled over, if any |
|-------------|---|----------------------|-------------------------|----------------------------|
| | <input type="checkbox"/> T/P <input type="checkbox"/> S | | | \$ |
| | <input type="checkbox"/> T/P <input type="checkbox"/> S | | | \$ |
| | <input type="checkbox"/> T/P <input type="checkbox"/> S | | | \$ |

H. IRA & SELF EMPLOYED RETIREMENT CONTRIBUTIONS*

| | Taxpayer | Spouse |
|---|--|--|
| Traditional IRA | | |
| Do you want us to calculate the maximum amount you may contribute for 2015? <i>Not available if tax return is filed after 4/18/16. (\$10 additional fee)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to make this contribution even if it is non-deductible? <i>(Required form and fee)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever made non-deductible contributions to any Traditional IRA? <i>(If yes, we must have the amount of non-deductible contributions made.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2015 contribution already made, if any. <i>(May qualify for tax credit.)</i> | \$ | \$ |
| Roth IRA | | |
| Do you want us to calculate the maximum amount you may contribute for 2015? <i>Not available if tax return is filed after 4/18/16. (\$10 additional fee)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2015 Roth contribution already made, if any. <i>(May qualify for tax credit.)</i> | \$ | \$ |
| Self Employment Retirement Plan | | |
| Do you want us to calculate the maximum amount you may contribute for 2015? <i>(\$10 additional fee)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2015 contribution already made, if any. <i>(May qualify for tax credit.)</i> | \$ | \$ |

I. EDUCATIONAL DEDUCTION* & STUDENT LOAN INTEREST

Did you pay any student loan interest in 2015? **If so, provide Form 1098E.** T/P S D \$

For the Tuition and Fees Deduction or the American Opportunity Tax Credit (formerly the Hope Credit) and Lifetime Learning Credit you may claim qualified expenses and fees for yourself, your spouse, and/or your dependent children. If you are married, you must file a joint return to receive the deduction or credits. The IRS defines qualified expenses as tuition and fees, books and other required materials an individual is required to pay in order to be enrolled in an eligible institution. For the Lifetime Learning Credit, the student must be taking it to improve or acquire job skills. **We will determine which benefits you most. Additional Form Fees Apply!** Please provide Form 1098-T from school showing tuition paid during the year. This information may be found on students' online account.

| Please provide Form 1098T | Student #1 | | | | | Student #2 | | | | | Student #3 | | | | | Student #4 | | | | |
|---|--|-----------------|-----------------|-----------------|------|--|-----------------|-----------------|-----------------|------|--|-----------------|-----------------|-----------------|------|--|-----------------|-----------------|-----------------|------|
| Name of Student | | | | | | | | | | | | | | | | | | | | |
| Name of Institution | | | | | | | | | | | | | | | | | | | | |
| Year in College | 1 ST | 2 ND | 3 RD | 4 TH | Grad | 1 ST | 2 ND | 3 RD | 4 TH | Grad | 1 ST | 2 ND | 3 RD | 4 TH | Grad | 1 ST | 2 ND | 3 RD | 4 TH | Grad |
| Was student at least halftime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Amount of Tuition Paid | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | |
| Amount of 529 Plan Withdrawals | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | |
| Amount of 529 Plan Withdrawals used for Room & Board Expenses | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | |

J. MOVING EXPENSES*

Only report job related relocations of primary residence below. See Professional Deductions for relocation of commuter pad.

| | | | | |
|--|-----|---|--|----|
| Moved Primary Residence From: | | Old Base: | Number of Vehicles driven: | # |
| Moved Primary Residence To: | | New Base: | Miles driven for move: | # |
| Distance (Miles from old home to new workplace): | mi. | Lodging Expense (only while in transit): | | \$ |
| Distance (Miles from old home to old workplace): | mi. | Moving Expense (material, rental, movers, & storage): | | \$ |
| Date Moved: | | Was this move for change of job for spouse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

K. CHILD CARE EXPENSES*

Qualifying expense for care which allows you to work, look for work, or go to school full time. Deduction only allowed for children under age 13.

NOTE: Provider Social Security Number or ID Number is required to receive credit! This information must be provided even if you have dependent care benefits through your employer.

| Provider Name | Provider Address | Provider I.D.# or SS# | Child's Name | Amount |
|---------------|------------------|-----------------------|--------------|--------|
| | | | | \$ |
| | | | | \$ |

L. SALES TAX

For the **Sales Tax Deduction**—you have the option of taking the standard deduction plus major purchases (auto, boat, RV, aircraft) or providing a total amount of sales tax paid for all purchases during the year. The IRS requires you keep all receipts used for this deduction—provide total amount below. (Do not send receipts except for major purchases listed below.)

| | |
|---|----|
| Sales tax paid on the purchase of an automobile, boat, RV, or aircraft during 2015. (Enclose copy of receipts.) | \$ |
| Sales tax paid on all items purchased during 2015—IRS requires documentation for all items purchased. | \$ |

M. FLEXIBLE SPENDING ARRANGEMENTS (FSA)

A Flexible Spending Arrangement (FSA) is the “use it or lose it” account that allows you to contribute pre-tax dollars through payroll deduction to an account used for reimbursement of medical expenses incurred in 2015. These reimbursed expenses cannot subsequently be used as medical expenses for the purpose of a deduction on your tax return.

| | | | |
|---------------------------------------|--|---------------------|----|
| Did you contribute to an FSA in 2015? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount contributed? | \$ |
|---------------------------------------|--|---------------------|----|

N. HEALTH SAVINGS ACCOUNTS (HSA)

If you or your spouse has a Health Savings Account, please provide the following information. Please provide Forms 5498-SA and/or 1099-SA, as applicable.

| | | | | | |
|---|---|--|--------|---|--|
| What type of high deductible health plan do you have? | <input type="checkbox"/> Self Only <input type="checkbox"/> Family | Number of months in the high deductible health plan in 2015 | months | Was high deductible health plan in effect for the month of December 2015? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total HSA contributions for 2015 made through payroll deduction | \$ | Total HSA distributions for 2015 | | \$ | |
| Total HSA contributions for 2015 made by cash or check to your account (Do not include payroll deductions). | \$ | How much of this distribution was used for medical expenses? | | \$ | |

O. MEDICAL EXPENSES

Do not include amounts paid by insurance or with pre-tax dollars (HSA's or FSA's). Out-of-pocket expenses must exceed 10% of your income. Your state may allow a medical deduction. Therefore, please complete this section to enable you to get the maximum federal and state medical deductions. Do not include premiums for Accident or Disability insurance.

| | | | |
|--|--------------------------|--|--------------------------|
| Prescriptions | \$ | Physician/Dentist/Chiropractor | \$ |
| Long-Term Care Insurance Premiums Paid | Taxpayer \$ Spouse \$ | Long-Term Care Expenses (not covered by insurance) | Taxpayer \$ Spouse \$ |
| Insurance Premiums— Not Pre-Tax | \$ | Contacts/Glasses | \$ |
| COBRA Premiums | \$ | Psychotherapy/Counseling | \$ |
| Co-Pays | \$ | Hospital | \$ |
| | | Lab Fees | \$ |
| | | Laser Eye Surgery/Lasik | \$ |
| | | Miles Driven for Medical | mi. |

Health Care Tax Credit—send us Form 8885 or Form 1099-H. You should receive either of these forms if you are eligible.

P. AFFORDABLE CARE ACT (ACA)*—REQUIRED ANNUAL REPORTING****

New for 2015 If your coverage was Employer-Provided, you must provide Form 1095-C or 1095-B.
If your coverage was obtained through the Insurance Marketplace, you must provide Form 1095-A.

| | |
|--|--|
| Was your entire family covered for the full year with minimum essential health care coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, please download and complete the Affordable Care Act Worksheet from our website. Submit with this organizer and other tax information. | |
| If yes, how was your coverage provided? <input type="checkbox"/> Employer <input type="checkbox"/> Insurance Marketplace <input type="checkbox"/> Government | |

Q. CHARITABLE CONTRIBUTIONS*

IRS Requirements for Cash Contributions: You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a cancelled check, a bank copy of a cancelled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution.

| | | | | | | |
|-------------|--------------------------------|----|--------------------|-------------------------|-----------------|-----|
| Cash | Church | \$ | Official Charities | \$ | Airline Charity | \$ |
| | School/Education Contributions | | \$ | Charitable Miles Driven | | mi. |

IRS Requirements for Vehicle Contributions: The IRS requires written acknowledgement (1098-C) received from the charitable organization be attached to the return if you are taking a deduction over \$500. If your donation was valued at less than \$500 please complete the following:

| | | | | | | |
|----------------|----------------------------------|--|---------------------------|--------------------------------|--|----|
| Vehicle | Name of Charitable Organization: | | | | | |
| | Date of Donation | | Make and Model of Vehicle | | | |
| | Fair Market Value under \$500 | | \$ | Original Purchase Date & Price | | \$ |
| | Method to determine value: | | How acquired? | | | |

IRS Requirements for Non-Cash Contributions: The IRS requires an itemized list of all items donated and a receipt from the charitable organization.

Name and address are required for any donation over \$500. Please make sure your receipt has a dollar value on it; if over \$500, you must submit the receipts.

| | | | | | | |
|-----------------|--|--|----------------------------|---------------------------------|----|----|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Date of Donation | | Resale Value of Furniture | | \$ | |
| | Original Purchase Date: | | Resale Value of Clothing | | \$ | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | | \$ | |
| | Original Purchase Price: | | \$ | Resale Value of Household Items | | \$ |

| | | | | | | |
|-----------------|--|--|----------------------------|---------------------------------|----|----|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Date of Donation | | Resale Value of Furniture | | \$ | |
| | Original Purchase Date: | | Resale Value of Clothing | | \$ | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | | \$ | |
| | Original Purchase Price: | | \$ | Resale Value of Household Items | | \$ |

R. HOMEOWNER INFORMATION (Principal Residence and 2nd Home within the U.S.)

Note: If you own a Principal Residence or 2nd Home outside of the U.S., complete section T. Foreign Residence Information.

Do not include rental property expenses—see Section Y. Provide 1098 statement from mortgage company. If you purchased, sold, or refinanced, send a copy of the closing statement.

| | | | |
|--|----|--|--|
| Mortgage Interest on Principal Residence | \$ | Real Estate Taxes on Principal Residence | \$ |
| Home Equity Interest or 2nd Mortgage on your Principal Residence | \$ | All other Real Estate taxes paid on personal residences, including vacant land | \$ |
| Mortgage Interest on 2nd Home | \$ | Real Estate Taxes on 2nd Home | \$ |
| Mortgage Interest on Vacant Land | \$ | Is this a Construction Loan on Vacant Land? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

At any time in 2015, did the mortgage balances on your principal and/or second homes exceed \$1,100,000? Yes No

Interest paid on a boat/RV may qualify as a deduction if it has a lavatory and a range. HOA—Homeowner Association Fees are not deductible for primary residence.

| | | | | |
|---|--|---|----------------------|----------|
| Did you refinance your home in 2015? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide number of years you refinanced & closing statement. | | |
| Did you spend the proceeds from the refinance on anything other than home improvements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, enter the amount spent for each | Home Improvements \$ | Other \$ |
| Did you sell your home in 2015? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide purchase & sale closing statements. | | |
| If yes, what was the sale price? | \$ | Sale Date: | | |
| What was the original purchase price? | \$ | Original Purchase Date: | | |
| Was the property you sold your primary residence for 2 of the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of years in home before sale: | | |
| Was an office in home deduction ever taken? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide tax return from each year taken (<i>new clients</i>). | | |
| Was this home ever used as a rental property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please provide tax return from each year rented (<i>new clients</i>). | | |
| Did you purchase your home in 2015? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, a copy of your closing statement is required. | | |

S. FIRST-TIME HOMEBUYER (FTHB) CREDIT RECAPTURE*

Did you take the FTHB credit of up to \$7,500 for a new home purchased in 2008 that must be paid back on a yearly basis? Yes No

If Pilot-Tax did not prepare your 2008 return, you must provide a full copy of the 2008 return.

T. RESIDENTIAL ENERGY CREDITS*

If you made qualifying energy improvements to your home, you may be eligible for an energy credit.

Did you install alternative energy equipment, such as solar hot water heaters, geothermal heat pumps, or wind turbines?

Yes No

If yes, you must provide a copy of the manufacturer's certificate and a copy of your sales receipt.

U. FOREIGN RESIDENCE INFORMATION (Principal and 2nd Home located outside the U.S.)

Provide information below for Mortgage Interest and/or property taxes you paid in a country other than the U.S. Please list all amounts in U.S. dollars.

| | | | |
|--|----|--|----|
| Mortgage interest on principal residence | \$ | Real Estate taxes on principal residence | \$ |
| Mortgage interest on 2nd home | \$ | Real Estate taxes on 2nd home | \$ |

| Name of Lender | Lenders' Street Address | City | State | Zip |
|----------------|-------------------------|------|-------|-----|
| | | | | |
| | | | | |

V. CASUALTY THEFT & LOSS

Only net amounts over 10% of your income are deductible. Please provide itemized insurance list or police report.

| Type of Property | Reason for Damage | Date of Event | Date Acquired | Value Before Loss/Damage | Value After Loss/Damage | Insurance Reimbursement |
|------------------|-------------------|---------------|---------------|--------------------------|-------------------------|-------------------------|
| | | | | \$ | \$ | \$ |

W. MISCELLANEOUS EXPENSES

| | | | |
|---|----|--|----|
| Tax Prep Fees Paid in 2015 (Mailing Fees not allowed) | \$ | Investment Expense | \$ |
| Tax Prep Books/Software | \$ | IRA Fees (not paid out of IRA account) | \$ |
| Safe Deposit Box Rental | \$ | Personal Property Tax | \$ |
| Margin or Investment Interest Paid | \$ | Vehicle Excise/Ad Valorem Tax | \$ |

X. NON AIRLINE EMPLOYEE BUSINESS DEDUCTIONS—W-2 INCOME ONLY*

If you have a 2nd job, or your spouse has a job with non-reimbursed employee business expenses, please list them below. If you are a Policeman or Fireman, we have a detailed professional worksheet designed for your deductions. Call us or download one at www.Pilot-Tax.com.

| | | | | | |
|---|------------------------------|-----------------------------|------------------------|----------------------------------|----|
| Name of Employer: | Office Equip. (Provide list) | \$ | Travel | \$ | |
| Name of Employee: | Uniform Items | \$ | Company Business Cards | \$ | |
| Union Dues/Initiation Fee | \$ | Uniform Maint./Alterations | \$ | Cell Phone (if required for job) | \$ |
| Professional Publications | \$ | Company Related Phone Calls | \$ | Job Related Education Expense | \$ |
| Office Supplies | \$ | Licenses | \$ | Meals/Entertainment | \$ |
| Were you reimbursed or paid for any of the above expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | If yes, what was the amount? | \$ |

Vehicle Expense Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!

| | | | |
|--|--|---|--|
| Type & Year of Vehicle: | Miles Driven for Business Jan. 1–June 30 | mi. | |
| Date First Used for Business | Miles Driven for Business July 1–Dec. 31 | mi. | |
| Do you have another car for personal use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Miles Driven for Commuting Jan. 1–June 30 | mi. |
| Do you have evidence to support the deduction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Miles Driven for Commuting July 1–Dec. 31 | mi. |
| Is this evidence written? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you reimbursed or paid for any of your vehicle expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Miles Driven for Personal Jan. 1–Dec. 31 | mi. | If yes, what was the amount? | \$ |

Home Office Must be required by Employer!

| | | | |
|---|--------|---|----|
| Square Footage of Home | sq./ft | Cost of Utilities during 2015 (excluding water) | \$ |
| Square Footage of Space/Room Used | sq./ft | Amount of Rent Paid per Month | \$ |
| Lesser of Purchase Price of Home or Fair Market Value | \$ | Insurance—Homeowners/Renters | \$ |
| Months Office was in Home during 2015 | | Other—Specify | \$ |

Educator Expenses Classroom expenses for K thru 12 educators may qualify for a special above the line deduction up to \$250.

| | | | |
|--|----|--------------------|--|
| Total Classroom Expenses (keep receipts) | \$ | Grade level taught | |
|--|----|--------------------|--|

Y. SMALL BUSINESS—SELF EMPLOYED—1099-MISC. INCOME*

Includes acting & modeling income. Send last year's return if you had the business and we did not prepare the return for you.

| | | | |
|---|----|---|-----------------------------------|
| Name of Business: | | Type of Business: | |
| Taxpayer Name: | | Taxpayer SSN: | EIN: |
| <i>Note: If you are incorporated, please download the Corporate Organizer or submit your K-1.</i> | | | |
| 1099 Income (provide any 1099's) | \$ | + Additional Income not reported on 1099 | \$ = Total Gross Income \$ |

Expenses

| | | | | | |
|--|----|--------------------------------|----|--|----|
| Advertising | \$ | Rent (outside of home) | \$ | Dues & Publications | \$ |
| Business Insurance (not health) | \$ | Repairs & Maintenance | \$ | Postage & Shipping | \$ |
| Contract Labor | \$ | Supplies | \$ | Telephone/Internet Services | \$ |
| Taxpayer Responsibility: <i>You must file a 1099-Misc. for each Contract Laborer paid more than \$600.</i> | | Taxes (Not Estimated Payments) | \$ | Bank Charges | \$ |
| | | Travel | \$ | Self Employed Health Insurance | \$ |
| Interest: Mortgage | \$ | Entertainment | \$ | Other (specify) | \$ |
| Other Interest | \$ | Meals | \$ | Equipment Purchases (complete information below) | |
| Legal & Professional Fees | \$ | Utilities (outside of home) | \$ | Date you started your business | |

| List Equipment Purchased in 2015 | Date Purchased | Placed in Service | Cost |
|----------------------------------|----------------|-------------------|------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Inventory *If you purchase goods to have available for resale or you manufacture goods for resale in your business, you may carry an inventory. Beginning inventory should be the same as ending inventory for the previous tax year. Please include, in the cost of inventory purchased during the year, only the cost of materials and supplies which became a part of the product which you sell. All other materials and supplies related to your business should be listed separately in the categories above.*

| | |
|--|----|
| Inventory at beginning of year. If different from last year's closing inventory, attach explanation. Provide Cost, not Retail Amount. | \$ |
| Inventory purchased during the year—less the cost of items withdrawn for personal use. | \$ |
| Inventory at the end of the year. | \$ |

Vehicle Expense *Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!*

| | | |
|---|---|--|
| Type & Year of Vehicle: | Miles Driven for Business Jan. 1–June 30 | mi. |
| Date First Used for Business | Miles Driven for Business July 1–Dec. 31 | mi. |
| Do you have another car for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | Miles Driven for Commuting Jan. 1–June 30 | mi. |
| Do you have evidence to support the deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No | Miles Driven for Commuting July 1–Dec. 31 | mi. |
| Is this evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you reimbursed or paid for any of your vehicle expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Miles Driven for Personal Jan. 1–Dec. 31 | If yes, what was the amount? | \$ |

Home Office *Must be used exclusively and regularly for business.*

| | | | |
|---|--------|---|----|
| Square Footage of Home | sq./ft | Cost of Utilities during 2015 (excluding water) | \$ |
| Square Footage of Space/Room Used | sq./ft | Amount of Rent Paid per Month | \$ |
| Lesser of Purchase Price of Home or Fair Market Value | \$ | Insurance—Homeowners/Renters | \$ |
| Months Office was in Home during 2015 | | Other—Specify | \$ |

Small Business Comments and Other Expenses

Estimated Tax Payments should be included in Section C.

Z. RENTAL INCOME AND EXPENSE*

If you have more than three properties, download additional form from www.Pilot-Tax.com. Use yearly totals below! Send last year's tax return with this organizer if Pilot-Tax did not prepare your return. If you own only a portion of the property or only a portion is rented out, please include only the amounts that apply.

| | Property 1 | | Property 2 | | Property 3 | |
|--|------------|--|------------|--|------------|--|
| Date First Used as a Rental | | | | | | |
| Lesser of Purchase Price of Home or Fair Market Value | \$ | | \$ | | \$ | |
| Ownership % | % | | % | | % | |
| Type of Property | | | | | | |
| Street Address of Property | | | | | | |
| City, State | | | | | | |
| Total Rent Received in 2015 | \$ | | \$ | | \$ | |
| Annual Expenses | Property 1 | | Property 2 | | Property 3 | |
| Advertising | \$ | | \$ | | \$ | |
| Travel / Hotel Expense | \$ | | \$ | | \$ | |
| Cleaning / Maintenance | \$ | | \$ | | \$ | |
| Commissions | \$ | | \$ | | \$ | |
| Insurance | \$ | | \$ | | \$ | |
| Legal / Professional Fees | \$ | | \$ | | \$ | |
| Management Fees | \$ | | \$ | | \$ | |
| Mortgage Interest | \$ | | \$ | | \$ | |
| Real Estate Tax | \$ | | \$ | | \$ | |
| Supplies | \$ | | \$ | | \$ | |
| Repairs <i>If total exceeds \$1,000—please provide itemized list</i> | \$ | | \$ | | \$ | |
| Utilities | \$ | | \$ | | \$ | |
| Telephone | \$ | | \$ | | \$ | |
| Condo / HOA Fees | \$ | | \$ | | \$ | |
| Lawn Care | \$ | | \$ | | \$ | |
| Bank Fees | \$ | | \$ | | \$ | |
| Personal Auto Miles Driven for Rental Activity | mi. | | mi. | | mi. | |
| Other—Specify: | \$ | | \$ | | \$ | |

List Furniture & Equipment Purchased and Major Improvements made in 2015 (not included above)

| Description of Purchase/Major Improvement <i>Do not include routine maintenance or minor repair items.</i> | Property 1 | | Property 2 | | Property 3 | |
|---|------------|---------------------------|------------|---------------------------|------------|---------------------------|
| | Cost | Purchase/Improvement Date | Cost | Purchase/Improvement Date | Cost | Purchase/Improvement Date |
| | \$ | | \$ | | \$ | |
| | \$ | | \$ | | \$ | |
| | \$ | | \$ | | \$ | |

| Important Questions | Property 1 | Property 2 | Property 3 |
|---|--|--|--|
| Enter the number of months that this property was rented this year. | | | |
| Enter the number of months that this property was available for rent this year. | | | |
| List the number of days each property was used for personal use. | | | |
| If you do not have full ownership, do these amounts reflect your share of income and expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did you pay anyone a fee to manage this property for you this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you actively participate in the management of this property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, did you maintain a log of the number of hours that you personally worked on this property during this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the average rental period/lease for the property 7 days or less? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Sale of Rental Property *New clients should send prior year tax returns where the property was claimed as a rental.*

| | | | |
|--|--|--|--|
| Date of Original Purchase <i>(Must provide copy of settlement/closing statement)</i> | | | |
| Date of Sale <i>(Must provide copy of settlement/closing statement)</i> | | | |
| Did you receive a 1099-C for this property? <i>(If yes, you must provide copy of the 1099-C)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Vehicle Expense *Must answer ALL questions and have written evidence as required by the IRS to qualify for this deduction.*

| | | |
|--|-------------------------------------|---|
| Type and Year of Vehicle: | Date First Used for Rental Activity | |
| Total Miles Driven for Personal | mi. | Do you have evidence to support the deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Miles Driven for Rental Activity—All Properties | mi. | Is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rental Car Expenses (rental fee & gas), please total them here and do not include the mileage above! | | \$ |

Rental Comments and Other Expenses

LOCAL ISSUES—Residents of OH only

ATTENTION OHIO RESIDENTS: We will prepare your Ohio state and school district return, where appropriate; however, **we will not prepare** any local or municipality returns (RITA, CCA, COL, CIN, etc.).

LOCAL ISSUES—Residents of DE, MI, MO and PA only

ATTENTION RESIDENTS OF DE, MI, MO, and PA: Clients with local returns must be received by March 1st. If you want Pilot-Tax to prepare your city return, please complete the section below and provide the proper form or earnings statement required by the taxing location. Local tax paid with the filing of your return last year should be entered under Important Questions on page 2. **Please send instructions with forms to be completed.** (No additional forms for NYC are required.)

| | |
|---|--|
| Do you want Pilot-Tax to prepare your local earnings or income tax return? <i>(If yes, provide tax form.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Locality: | |
| Did you pay any estimated tax to your locality during 2015? <i>(Do not include amounts withheld on your W-2.)</i> | \$ |

STATE SPECIFIC ISSUES—Residence State Only

If you are eligible for a state credit or deduction not listed, please let us know.

| | | | |
|-----------|--|--|----------------------|
| AK | Did you, your spouse, or dependent receive an AK Permanent Fund Dividend? <i>(If yes, please send statements)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| CA | Carryover of prior year Solar Energy Equipment Credit. | | \$ |
| CT | Residents—Need Date Paid and Amount Paid on Home and Auto Property Tax. <i>(Maximum total credit is \$300)</i> | | |
| | Property | Date Paid | Amount Paid |
| | Property | Date Paid | Amount Paid |
| | Home | | \$ |
| | Auto 1 | | \$ |
| | Auto 2 | | \$ |
| DE | Clothing or other expenses incurred for the active volunteer firefighter. | | \$ |
| GA | Amount spent on home care services for person(s) over 62 years old. | | \$ |
| HI | Cost of child restraint seat purchased during 2015. | | |
| ID | Cost of insulation installed in primary residence during 2015. <i>(Home must have been built or started prior to 1/1/02.)</i> | | \$ |
| IL | Property owners provide PIN #. <i>(PIN=Property Index Number on Property Tax Statement)</i> | | |
| IN | Insulation Installed <i>(include store where purchased, date of purchase and installation, and cost)</i> | Where Purchased | Purchase Date |
| | | Install Date | Amount Paid |
| | | | \$ |
| | | | years |
| LA | Provide copy of homeowner's or property's insurance declaration page showing the separate line item charges for LA Citizens assessments not already claimed. | | \$ |
| MA | Please provide qualified commuter expenses <i>(public transportation only)</i> . | | \$ |
| | Please provide Form 1099-HC. This form is required to claim health coverage exemption and avoid penalty. | | |
| MI | Provide the property tax statement showing 2015 taxable value of your home. | | \$ |
| MN | Send statement of property taxes " payable in 2016 ". You should receive this statement in March of 2016. | | |
| MT | Contributions to First Time Homebuyers Savings Account | | \$ |
| NH | If you have interest/dividends in excess of \$2400, do you want Flightax to prepare your state return? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OH | Amount of job training expenses incurred during 12 months after employment layoff. | | \$ |
| TN | If you have interest/dividends in excess of \$1250 (single) or \$2500 (MFJ), do you want Flightax to prepare your state return? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

RENTER'S CREDIT

If you paid rent at your TAX ADDRESS during year 2015, and it is in IN, MA, MI, MN, NJ, WI, or CA or a state with a renter's credit, complete the following section.
 MN residents send us your Certificate of Rent Paid (CRP).

| | | | | | |
|---|----|--------------------------|------------------------------|----|----|
| Landlord's Name: | | Landlord's Phone Number: | | | |
| Landlord's Address: | | | | | |
| Total Monthly Rent | \$ | # of Months Rented: | Your Portion of Monthly Rent | \$ | |
| Apartment Address: | | | | | |
| NJ Residents —Do you have a roommate? If yes, roommate's name: | | | Roommate's SSN: - - | | |
| NJ Roommate's Number of Months Rented | | mos. | NJ Roommate's Monthly Rent | | \$ |

Note: For NJ residents to qualify for the credit, all roommate information must be provided.

K-12 EDUCATION CREDITS

K-12 Education Credits for AZ, IL, IN, IA, LA, MN & WI See state specific qualified expenses below. Keep all related receipts!

| Name of Student | Grade | Qualified Expenses | Name of School | Address | State | Zip |
|-----------------|-------|--------------------|----------------|---------|-------|-----|
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |

- Arizona** Only fees or donations to a public or charter school located in Arizona, for extracurricular activities or character education programs qualify. Expenses in excess of the \$250 maximum credit may be carried forward.
- Illinois** Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify (*must be over \$250*).
- Indiana** List children enrolled in non-public private, parochial or home school for grades K-12.
- Iowa** Fees for tuition and textbooks to an Iowa accredited not-for-profit school. Some extracurricular expenses qualify, such as activity/club fees or dues, fees to participate in school sports, etc.
- Louisiana** Expenses for required school uniforms, tuition, fees, textbooks, curricula, instructional materials and educational supplies.
- Minnesota** Tuition and fees paid to public or private schools. Other education supplies including up to \$400 for the purchase of a home computer and educational software.
- Wisconsin** Fees for tuition and textbooks paid to a private school. Tuition **does not** include amounts paid with a voucher or amounts paid as a separate charge for other items or fees.

EDUCATION SAVINGS ACCOUNTS

You must provide the end of the year statement for all plans.

| Education Savings Plans Only list contributions made on or before 12/31/15 | Account Number | Beneficiary/Student | Amount |
|--|----------------|---------------------|--------|
| Contributions to Coverdell Education Savings Plan | | | \$ |
| Contributions to Coverdell Education Savings Plan | | | \$ |
| Contributions to State College Savings 529 Plan | St. Plan Name: | | \$ |
| Contributions to State Prepaid Tuition Program | St. Plan Name: | | \$ |

Some states may allow carryover of credits for Education Savings Plans. If you are a new client, please provide prior year state return.

ADDITIONAL COMMENTS

PROFESSIONAL DEDUCTIONS

Uniform Items Purchased

Enter the total amount of payroll deducted uniform items. For most airlines, this amount can be found on the last pay check stub of the year. \$

Enter additional "out of pocket" uniform expenses below. Do not include items provided by the company through replacement programs. You need a receipt for each item purchased, regardless of the amount. The \$75 rule does not apply as this is not a travel related deduction. Uniform items must have a company insignia or logo; no type of "street" clothes qualify for the deduction.

| Uniform Items | Amount |
|--|-------------------|
| Uniform Belt | \$ |
| Uniform Epaulets | \$ |
| Uniform Jacket | \$ |
| Uniform Hat | \$ |
| Uniform Pants | \$ |
| Uniform Scarf | \$ |
| Uniform Shirt | \$ |
| Uniform Sweater | \$ |
| Uniform Tie | \$ |
| Uniform Winter Coat, Gloves, Cap | \$ |
| Uniform Shoes (must be purchased from a Uniform Store) | Amount |
| Uniform Shoes | \$ |
| Shoe Repair | \$ |
| Shoe Shine | \$ |
| Uniform Maintenance | Amount |
| Uniform Alterations | yearly amount \$ |
| Home Laundering | monthly amount \$ |
| Laundering | monthly amount \$ |
| Dry Cleaning | monthly amount \$ |
| Airline Reimbursement Amount | \$ |

If you were reimbursed for any of your uniform maintenance expenses such as alterations or dry cleaning, do not include these amounts. We cannot take a deduction for any expense for which you were reimbursed. IRS regulations go even a little further. We cannot take a deduction for any expense for which you COULD have been reimbursed. For example: if your airline will reimburse you for your uniform alteration expenses but you just did not get around to submitting your receipts for reimbursement. The IRS will not allow this expense as a deduction because you 'could' have been reimbursed. Thus, do not include any expenses for which you were reimbursed, or any expenses for which you could have been reimbursed, but were not.



Please be aware that you, as the taxpayer, are responsible for keeping all evidence and support of all items reported on your tax return (flight schedules, log book, receipts, wage forms, and all other support) for a period of at least five years.

Transportation Expenses

Layover Transportation

Transportation between places of lodging and places where meals are taken, are included in the "Incidental Expenses" portion of your per diem; therefore, no separate deduction is allowed. See IRS Pub. 463

| Satellite/Co-Terminal Transportation | Amount |
|---------------------------------------|--------|
| Three Letter Airport Code | |
| Number of Round Trips Per Year | |
| Cost Per Round Trip or Mileage Driven | |
| Three Letter Airport Code | |
| Number of Round Trips Per Year | |
| Cost Per Round Trip or Mileage Driven | |

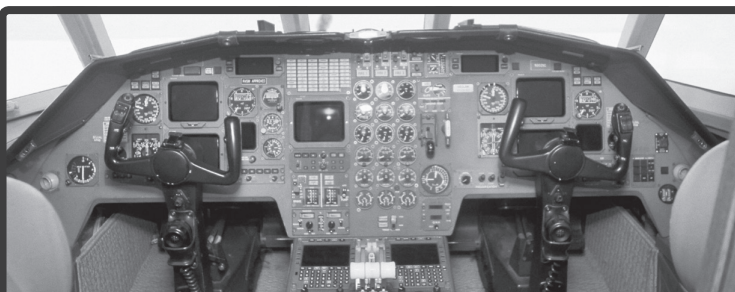
If you cover more than one airport, transportation between your base (company mailbox) and another airport is deductible. Do not include expenses for transportation to your base (company mailbox) or home.

| Other Related Expenses | Amount |
|-----------------------------|--------|
| Airport Parking Expense | \$ |
| Reserve Emergency Cab Fares | \$ |

Computer & Related Expenses

Computers are not deductible. The IRS has issued a Letter Ruling (#8615024 & Bryant, U.S. Ct. App. 3rd cir. 74 AFTR2d 94-5440) disallowing a deduction for home computers. The ruling states... "Despite legitimate business use, employees generally may not write off the cost of their computer. By law, a computer must be used for the convenience of the employer and required as a **condition of employment.**" In private rulings, the IRS ruled an individual may not claim depreciation when the purchase of a computer is optional and not absolutely required by their employer as a condition of employment. All airlines provide computers for their employees to use. Although they are a huge asset to our jobs, the airline does not require that we have a personal computer or laptop.

| Printer/Software Deductions | Amount |
|--|--------|
| Yearly Cost of Paper for Company Usage | \$ |
| Yearly Cost of Toner/Ink Cartridges for Company Usage | \$ |
| Bidding Computer Software | \$ |
| Trip Trading Computer Software | \$ |
| Internet/Online Services | Amount |
| Airline Schedule Service Fees i.e. Flightline, FLICA, etc. | \$ |
| Yearly Cost of Home Internet Access Fees, DSL, Cable, Aircard, VoIP, Skype | \$ |
| Yearly Cost of Hotel Access Fees (paid while on layovers) | \$ |



Remember! Amounts are annual totals unless otherwise specified.

Travel/Required Items

Your profession requires you to have specific items for travel and to perform your job in areas of service and safety. Enter the expense below for the items you have purchased during the applicable tax year. Receipts are required for items priced over \$75.00 each. If you purchase an item that is under \$75.00 you need to make a record of that purchase in your log book or on your schedule. **You must have documentation, either a receipt or log book/schedule entry, for each item you list below.**

| Travel Related Expenses | Monthly Amount | Yearly Amount | Safety and Professional Items | Amount |
|---|----------------|---------------|----------------------------------|--------|
| Tips to Hotel Van Drivers | \$ | \$ | Portable Hair Dryer | \$ |
| ATM Fees (while on layovers) | \$ | \$ | Portable Iron | \$ |
| Check Cashing Fees (while on layovers) | \$ | \$ | Portable Security Device | \$ |
| Safety and Professional Items | | | Amount | |
| Luggage Items (wheels, repairs, locks, lunch bag) | | \$ | Portable Smoke Detector | \$ |
| Garment Bag | | \$ | International Voltage Converter | \$ |
| Flight Kit | | \$ | International Currency Converter | \$ |
| Luggage Tags | | \$ | Manual Replacement | \$ |
| Wings | | \$ | Update and Revision Services | \$ |
| Watch Battery/Repair Expenses | | \$ | ID Replacement | \$ |
| Airline Access Keys | | \$ | Company Business Cards | \$ |
| Cockpit Sunglasses | | \$ | Foreign Visa Expense | \$ |
| Cockpit Supplies (maps, charts, etc.) | | \$ | Global Entry Fee | \$ |
| Ear Piece/Headset | | \$ | Passport Fee | \$ |
| Personal Organizer | | \$ | Passport Photo Expense | \$ |
| Logbook | | \$ | Professional Publications | \$ |
| Flashlight | | \$ | Bid Service Fees | \$ |
| Batteries | | \$ | 2nd Language Education Expense | \$ |
| Portable Alarm Clock | | \$ | Drug Testing Fees | \$ |
| Portable Curling Iron | | \$ | Dues for Pilot Organizations | \$ |
| | | | FAA Medical Expenses | \$ |

Communications

Your profession requires you to keep in touch with your employer, your fellow pilots and crew scheduling. We can take a portion of your cell phone expenses for business related calls. Provide your expenses in the area below.

| Cell Phone | Yearly Amount | Calling Card | Amount |
|---|---------------|--|--------------|
| Cell Phone Purchase (your phone only) | \$ | Direct Bill Calling Card | per month \$ |
| Cell Phone Base Charge per Month (single line) | \$ | International Prepaid Calling Card | per month \$ |
| % Airline Business Usage per Month: Choose One: <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> Other _____ % | | If you fly domestic and don't have a cell phone (yes, it does happen) or are flying international and do not have international service on your cell, the amount you place on a calling card or prepaid calling card is deductible under the same qualifications as your cell phone. Please provide the monthly or yearly dollar amount on your business/layover usage calls. | |
| Additional Communication Expenses | | | Amount |
| Company Fax Expense | | | \$ |
| Company Copy Expense | | | \$ |
| Company Mailing Expense | | | \$ |
| Company Overnight Expense | | | \$ |
| If you have any expenses related to required communication between you and the company or the union, these expenses are deductible. If you are required to fax a copy of a doctor's note to your supervisor and Kinko's charges you to do this, make sure you save the receipt or put it on a credit card. Enter any expenses for copying, faxing or mailing in these specific entry areas. | | | |

Temporary Duty/Special Assignment

If you are on Temporary Duty assigned by the company for any reason, your related expenses may be deductible. The IRS defines Temporary Duty as any assignment that has an expected completion date of less than one year. If your assignment is greater than one year, you do not qualify for this deduction.

You may also qualify for some very substantial deductions if you are on a special assignment away from your base. For example, if you are based in New York and accept a training position in Dallas; your housing, meal and transportation expenses are all deductible (assuming these expenses are not provided by the airline).

Do NOT enter any TDY or SPA days that are on your schedule. If you are providing your schedules to us or using our online per diem calculator, we/you will include these dates and locations in your schedule per diem calculations. Only enter days below that are NOT included on your flight schedule.

| Temporary Duty/Special Assignment Expenses | | Entry |
|--|---|--|
| Number of Days on TDY at Location <i>Do not include any days that you had scheduled flying, this deduction will be taken in the per diem section.</i> | | |
| From: To: | Three Letter City Code of TDY Location | |
| Number of Days on TDY at 2nd Location | | |
| From: To: | Three Letter City Code of 2nd TDY Location | |
| Local Transportation Expense <i>(rental car, public transportation, etc.)</i> | | \$ |
| Were you provided housing for your TDY? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, enter cost of housing during TDY. | | \$ |
| Commuting Expense during TDY | | \$ |
| Utility Expense during TDY | | \$ |
| Local/Long Distance Phone Usage during TDY | | \$ |
| If you drove to the TDY location and used your car while on assignment, enter the total miles driven from departure until your return. | | mi. |
| Purpose of TDY? | | |

Union Expenses

As a unionized employee, your union dues, initiation fee and any union publications are all deductible. If you actually work for the union as a union rep. or direct employee, you will have additional deductions. Please download our Union Rep. Worksheet at www.Pilot-Tax.com.

| Union Expenses | Amount |
|--|--------|
| Union Dues <i>(amount actually paid during year)</i> | \$ |
| Union Initiation Fees | \$ |
| Union Publications | \$ |
| Travel Expense for Union Meetings/Events | \$ |



American Airlines

Get your Pilot-Tax App!

Now available for your Droid!
(soon to be available for most airlines)

Download it now from your play store!

Training

Your job requires, at a minimum, yearly training per the FAA. You are allowed to take a per diem deduction for each day that you spend in training. For example, if you have training in Atlanta, you are allowed a deduction of \$52 for each day you are in Atlanta for training. We are, however, required to subtract the amount of per diem that your airline paid you for your time in training.

If you are based where your training is held, you are NOT allowed to take a per diem deduction for training. As in the example above, if you are based in Atlanta, you are not eligible for this deduction.

An easy way to determine this deduction, in general, if your airline pays you a per diem for your meal expenses during training, you are able to take the per diem deduction based on the city of training. If you are not paid a per diem (excluding initial training) you generally will not qualify for this deduction.

You may also have additional expenses for your time in training. Transportation expenses, housing, cell phone, etc. We have done our best to break down each type of training below for you to benefit from this deduction.

| Initial Training | Entry |
|--|-------|
| Number of Days you were in Initial Training | |
| Three Letter City Code of Training Location | |
| Days Spent in Initial Training at a Different Location | |
| Three Letter City Code of 2nd Training Location | |
| Date Initial Training Started | |
| Date Initial Training Ended | |
| Amount of Per Diem Paid for Training <i>(if not included in yearly amount provided by your airline)</i> | \$ |
| Hotel Expense while in Initial Training | \$ |
| Transportation Expense while in Initial Training | \$ |
| Phone Expense while in Initial Training | \$ |
| Recurrent/Upgrade Training | Entry |
| Number of Days you were in Training | |
| Three Letter City Code of Training Location | |
| Days Spent in Training at a Different Location | |
| Three Letter City Code of 2nd Training Location | |
| Hotel Expense if not Provided by Airline | \$ |
| Transportation Expense while at Training | \$ |
| Type Rating/Upgrade Training Expenses | Entry |
| Aircraft/Type Rating Expense | \$ |
| Training Course/DVD Expenses not included above | \$ |
| Ground School Prep Fees | \$ |
| Aircraft of Rating? | |
| <i>Enter per diem and housing expenses above.</i> | |

Job Search

Due to the instability of the airline industry, more and more of our clients are having job search related expenses. Your cost of finding a job within the airline industry is deductible. What does this mean? The job search expenses of finding another position within the same industry are deductible, the job search expenses of looking outside of the airline industry are NOT deductible.

This is one of those IRS regulations that sometimes does not make sense. If you are a flight attendant and update your resume or fly to an interview, these expenses are deductible. If you do the same for another position outside of the industry, such as a retail position or professional job, these expenses may not be taken as a deduction.

Several of our clients have requested a deduction for the purchase of a new suit or professional attire for the interviewing process. Although this is an additional expense to you, it is not a recognized deduction by the IRS. The only type of clothing that is deductible is that which has a company logo or insignia, such as a uniform.

| Qualified Job Search Expense | Amount |
|---|--------|
| Resume Expenses | \$ |
| Fax/Postage/Overnight Delivery | \$ |
| Airline Job Placement Services | \$ |
| Application Fees | \$ |
| Simulator Prep Time for Interview | \$ |
| Airfare for Interview | \$ |
| Airfare for Physical | \$ |
| Hotel Expense for Interview | \$ |
| Hotel Expense for Physical | \$ |
| If you drove to your interview or physical, list the total miles driven round trip for all. | mi. |



Remember!

Amounts are annual totals unless otherwise specified.

Married Pilots must use a separate form for each person—do NOT combine expenses on one form! If you need another copy, you can download it at www.pilot-tax.com.

Reserve Emergency Cab Fares—If you are on reserve and get called on a short call that is less than your contractual minimum and the only way you can make the departure is to take a cab/taxi, this fare is deductible.



Remember!

Do not send us receipts. Keep them for your records.

FFDO

| Training Expenses | Entry |
|---|-------|
| No. of Days you were in Training | |
| Three letter City Code of Training Location | |
| Housing Expense during Training | \$ |
| Travel Expense to/from Training | \$ |
| Transportation Expense during Training | \$ |
| Local/LD Phone Usage during Training | \$ |

| Training Expenses | Entry |
|---------------------------|-------|
| Equipment Expense | \$ |
| Ammunition/Target Expense | \$ |
| Personal Gun Safe | \$ |
| Permit Fees | \$ |
| Range Fees | \$ |



If you are based in a foreign country and/or have foreign earned income, do not use this Organizer, please complete the Foreign Domicile Organizer. You can download this Organizer at www.pilot-tax.com.

Questions? 317-984-7666

Commuter Pad Moving Expense

If you transferred bases but did not move your primary home, these expenses are considered a professional deduction versus a moving deduction. If you had any expenses related to moving your crash pad or airport car from one base to another, list these expenses below. You must have receipts!

If you changed your tax address and had a full blown move, complete the section in the Organizer for moving expenses.

| Commuter Pad Moving Expenses | Entry |
|---|-------|
| Old Base | |
| New Base | |
| Distance Driven to Transport Belongings/Vehicle | mi. |
| Date Moved | |
| Travel Expense | \$ |
| Shipping Expense | \$ |
| Lodging Expense (only while in transit) | \$ |



Remember! Keep your receipts at all times, even if the item is less than \$75—this will help us in the case of an audit. The IRS will not accept cancelled checks or credit card statements as receipts.

Military Worksheet

Branch of Military & Rank:

Are you Active Duty? Reservist? National Guard?

1st Post of Duty: Three Letter Code:

2nd Post of Duty: Three Letter Code:

Number of miles from Home to 1st Post: 2nd Post:

Reservist

Travel expenses related to your Reservist Activities are deductible. This deduction includes meals, lodging and transportation expense, and is based on the rates applied to federal employees. If you travel over 100 miles from your post of duty, you are no longer required to itemize your deductions in order to receive this benefit, as these expenses are now deducted on the front of the tax return. If you travel 100 miles or less, your deduction will be taken as itemized deductions.

| | 1st Post | 2nd Post |
|--|--|--|
| Number of Nights Spent at Post From: To: | | |
| Number of round trips <i>driven</i> to/from Post | | |
| Did the military provide housing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hotel/Housing Expense Paid by You | \$ | \$ |
| Miles driven while at post in personal car | mi. | mi. |
| Rental Car Expense | \$ | \$ |
| Were you paid a per diem? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What was the total per diem paid? | \$ | \$ |

General Military Deductions Do not include airline expenses.

| | |
|------------------------|----|
| Dress Uniform Purchase | \$ |
| Dress Uniform Shoes | \$ |
| Uniform Accompaniments | \$ |

General Military Deductions Do not include airline expenses.

| | |
|--|----|
| Subscriptions to Military Related Publications | \$ |
| Professional Dues | \$ |
| Job Related Training | \$ |
| Personal Organizer | \$ |
| Log Book | \$ |
| Foreign Visa | \$ |
| Passport Fee | \$ |
| Passport Photo | \$ |
| Uniform Maintenance: | |
| Home Laundering Expense | \$ |
| Professional Laundering Expense | \$ |
| Dry Cleaning Expense | \$ |
| Shoe Shine/Supplies | \$ |
| Military Business Cards | \$ |
| Military Copy/Fax Expense | \$ |
| Military Mailing Expense | \$ |
| Military Phone Expense | \$ |
| Office Supplies | \$ |
| Misc. (specify) | \$ |



You may see us in your company publication, on the internet or on your pay check stub...but nothing is as effective as you telling your friends about Pilot-Tax! To say "thank you" we will give you a referral reward of \$25.00 for each person you refer.

And they don't have to be Pilots, our sister company Flightax will process your Flight Attendant Referrals.

PER DIEM DEDUCTION INFORMATION

The government allows a deduction for each day that you are away from base. The IRS states that you can either itemize each layover city or you may take a standard rate per day. It is to your advantage to provide your schedules so your per diem allowance can be calculated based on your specific flying. The IRS will not allow a mix of schedules and days flown! All schedules must include three-letter layover city codes, dates and times of each trip.

Provide all 12 months of Flight Schedules —OR— complete the Log Book Grid

| | | | | |
|----------------------|--|----------------|--|----|
| PER DIEM PAID | We must have the non-taxable per diem amount you were paid! This amount may be found on your W-2 next to the letter "L", or on your last pay stub of the year. If you can't locate it, contact your employer for this required amount. | | | \$ |
| MONTHS FLOWN | Total Months Flown | months | Did you fly <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Both | |
| | Aircraft flown? (eg. MD80, 737, etc.) | | Position? (eg. Captain, 1st Officer, etc.) | |
| | Did you fly for more than one airline during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide schedules, last pay stub and W-2's for each airline.</i> | | | |
| | For any month during the year in which you were eligible to fly but did not, please explain. <i>(examples: Retired in May, Off work April to August due to reserve activity, Began Maternity Leave in November)</i> | | | |
| BASE LOCATION | Base at Start of 2015: | Transfer Date: | Base at End of 2015: | |

Provide Schedules

Provide all 12 months of schedules as indicated below by airline. If your airline is not listed, provide schedules which include the required information of three-letter layover city codes, dates and times of each trip. Call our office if you have any questions.

| | |
|--|---|
| AMERICAN | We have created our own Pilot-Tax App for Droid! Download it now at your Play Store. You can also go directly to our website www.pilot-tax.com under START THE PROCESS go to the GET SCHEDULES link. From either place you will be able to securely sign in to our app which will extract your schedules and send them directly to us. No printing, email or messing with getting your paper schedules any more! You can still send us your paper schedules or email them to us if you wish. Provide Pay Sheet Detail reports for all 12 months . Print these in "landscape" view from Epays within Jetnet . |
| | Comments: |
| DELTA | Provide "Monthly Activity Pay Statements" for all 12 months. Obtain these from DeltaNet by selecting Employee Info., then Self Service, then My Pay & Tax Info. Select "Monthly Activity Reports After May 2013". You will need to print each individual month. |
| | Comments: |
| FED-EX | Provide Pilot Per Diem Recap sheets for all 12 months —obtain from "VIPS" system. |
| | Comments: |
| JETBLUE | Provide the Schedule Detail Report for all 12 months . These can be printed from Sabre CrewTrac; be sure to print each month individually to get the correct detail. |
| | Comments: |
| NETJETS | Provide the Crew Member <u>Duty</u> Report for all 12 months —obtain from "CRC Online" within "Crew My Pages". |
| | Comments: |
| UPS | Provide Pairing Detail Report for all 12 months. Obtain these from "FlightOps/CrewApp/schedView". |
| | Comments: |
| US AIRWAYS | Provide Trip Pairings for all trips during the year showing the layover city codes. |
| | Comments: |
| UNITED | Provide "Crew Pay Registers" for all 12 months. Obtain these from CCS by selecting "Other" and then "Flying Together". Then select "My Info/All About Me" from the left column. Then in the Payroll box, click on "show more info." to see the menu list. Select "Crew Pay Registers" and print each month. |
| | Comments: |
| CHAUTAUQUA, COMPASS, FREEDOM, FRONTIER, GO-JET, JETBLUE, MESA, MIDWEST, REPUBLIC, SHUTTLE AMERICA, SPIRIT, TRANS STATES | Provide "Schedule Detail Report" for all 12 months. These can be printed from Sabre CrewTrac; be sure to print each month individually to get the correct detail. If you prefer to utilize Flightline Services, you must contact them directly at 800-659-9859 or www.flightline.com to order your Expense Report and Flight Log. Submit all pages of both reports with your tax documents. Flightline does not make these reports available to you until mid February at the earliest. |
| | Comments: |

Base: _____ Airline: _____ Name: _____

| January | February | March | April | May | June | July | August | September | October | November | December |
|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 |
| 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |
| 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 |
| 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 |
| 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 |
| 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 |
| 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 |
| 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| 29 | | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 |
| 30 | | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| 31 | | 31 | | 31 | | 31 | | 31 | | 31 | |

Only complete this schedule if you do not have your actual monthly schedules.
 We have made this schedule easier for you to complete—we only need your layover cities entered on the day of each layover. When your trip has ended, write HOME on the day you returned to base. See the example at right.

Base: **JFK** Airline: **WORLD AIRWAYS** Name: **JA**

| January | February | March | April | May | June | July |
|---------|----------|-------|-------|-----|------|------|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| 17 | 17 | 17 | 17 | 17 | 17 | 17 |
| 18 | 18 | 18 | 18 | 18 | 18 | 18 |
| 19 | 19 | 19 | 19 | 19 | 19 | 19 |
| 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| 21 | 21 | 21 | 21 | 21 | 21 | 21 |
| 22 | 22 | 22 | 22 | 22 | 22 | 22 |
| 23 | 23 | 23 | 23 | 23 | 23 | 23 |
| 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| 26 | 26 | 26 | 26 | 26 | 26 | 26 |
| 27 | 27 | 27 | 27 | 27 | 27 | 27 |
| 28 | 28 | 28 | 28 | 28 | 28 | 28 |
| 29 | 29 | 29 | 29 | 29 | 29 | 29 |
| 30 | 30 | 30 | 30 | 30 | 30 | 30 |
| 31 | 31 | 31 | 31 | 31 | 31 | 31 |

Transfer Schedule from Log Book

—IMPORTANT—

Please Complete each Section Below!

Electronic Filing — No additional fee for this service!

Yes! Electronically file my federal and state returns.

What you need to do: *(yes...it's free)*

1. Check the above box.
2. Keep the yellow copy of Form 8879 with you.
3. We will contact you with the final numbers.
4. Fill in the final numbers on the form.
5. Select any 5 digit PIN and sign the form.
See instructions on the back of form.
6. Fax it to us at 800-951-8879.

No! I do not want to electronically file my returns.

What you need to do: *(\$20 additional fee)*

1. Check the above box.
2. When you receive your information back from us, sign the federal & state tax returns.
3. Mail them in the appropriate envelopes (they will be included with your returns).

Additional Fee of \$20.00 for all Mail-In Returns

Direct Deposit — No additional fee for this service!

Yes! Have my refund deposited!

What you need to do: *(yes...it's free)*

1. Check the above box.
2. Send a voided check. Take an actual check of the account you want the deposit to go into and write VOID across it.



No! Do not deposit my refund into my account!

What you need to do:

1. Check the above box.
2. The refund will be mailed to your TAX ADDRESS. Allow an extra 2–4 weeks to receive your refund.

Payment Method — We require all tax preparation fees to be Paid in Full by credit card, check, or online bill pay before we will Electronically File or Mail a Paper Return. Again, payment is required before filing of return. We no longer offer "Fee From Refund" as a payment option.

Check or Money Order Make payable to Pilot-Tax. (\$25.00 charge for all returned checks.)

Credit/Debit Card Visa MasterCard Discover American Express

(Will appear on your receipt as Specialty Tax Services, Inc.)

Card Number

Exp. Date

3 or 4 digit Security Code*

Cardholder Name

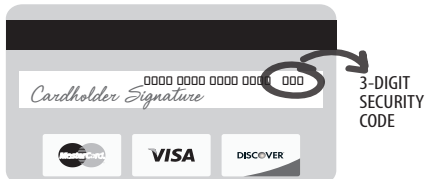
Signature of Cardholder

Billing Zip Code

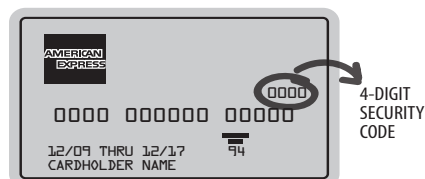
Online Bill Payment via Pilot-Tax.com

If you would like to pay by Credit Card online, check the box. Once your return has been completed, we will contact you with instructions and the final invoice amount for you to submit payment. This correct amount must be paid prior to the processing of your return with the IRS.

***How to find your security code:**



The security code is on the **back** of MasterCard, VISA and Discover cards.



The security code is on the **front** of American Express cards.

Privacy Policy

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for example, providing information to our employees and those of our affiliates, Flighttax, Specialty Tax Services, Inc. and to our tax return processing center for purposes of preparing and processing your tax return. In all situations we stress the confidential nature of information being shared. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with professional standards and the law.

All Clients MUST Sign Below for Return to be Processed!

I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my personal tax return. All returns in house after March 15th will have an extension automatically filed. The forms listed in the Pricing Information section are the most common forms used. Additional forms not listed may result in per form fees. Administrative fees will apply for more complex returns. I will be responsible for any collection fees due to nonpayment. (If filing a joint return, both you and your spouse must sign.)

Signature

Signature of Spouse

Date

Final Checklist

- | | |
|--|---|
| <input type="checkbox"/> Originals of all W-2's | <input type="checkbox"/> Copy of Closing Statement if Bought/Sold Home |
| <input type="checkbox"/> Copy of Last Pay Stub of 2015 | <input type="checkbox"/> Copy of Receipt for Sales Tax on Car or Boat |
| <input type="checkbox"/> Original Employer-Provided Health Insurance Offer and Coverage 1095-C or 1095-B | <input type="checkbox"/> Copies of Monthly Flight Schedules |
| <input type="checkbox"/> Original Health Insurance Marketplace Statement 1095-A | <input type="checkbox"/> Original Voided Check for Direct Deposit |
| <input type="checkbox"/> Originals of Interest Statements 1099 INT | <input type="checkbox"/> Original Local Tax Forms with Instructions |
| <input type="checkbox"/> Original Tuition Statement 1098T | <input type="checkbox"/> Copy of Last Year's Federal and State Tax Return if you are a New Client |
| <input type="checkbox"/> Original Dividend Statements 1099 DIV | <input type="checkbox"/> Copy of Any Statement of which you are unsure |
| <input type="checkbox"/> Copies of Sale of Stock/Bonds 1099B | <input type="checkbox"/> Copy of K-1's for Partnership, S-Corp, or Trusts |
| <input type="checkbox"/> Copies of Brokerage Statements for All Sales | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Original Retirement Statements 1099R | <input type="checkbox"/> Signed Back Page! |
| <input type="checkbox"/> Copies of Mortgage Statements 1098 | <input type="checkbox"/> Complete Organizer! |



www.pilot-tax.com

317-984-7666

FAX 800-951-8879

LOCAL FAX 317-984-5841

U.S. Postal Mailing Address:

P.O. Box 945
Cicero, IN 46034

FedEx / UPS Shipping:

220 West Jackson Street
Cicero, IN 46034