

**1. PERSONAL INFORMATION**

Flight Personnel

NAME	SPOUSE'S NAME
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
DATE OF BIRTH	SPOUSE'S DATE OF BIRTH
ADDRESS	PHONE
	FAX
	E-MAIL

FILING STATUS	NAME(S) OF DEPENDENTS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	MONTHS AT
<input type="checkbox"/> SINGLE	HOME				
<input type="checkbox"/> MARRIED FILING JOINTLY					
<input type="checkbox"/> MARRIED FILING SEPARAATELY					
<input type="checkbox"/> HEAD OF HOUSEHOLD WITH QUALIFYING PERSON					
<input type="checkbox"/> QUALIFYING WIDOW/ER WITH DEPENDENT CHILD					

**2. MISCELLANEOUS INCOME**

Include amounts from Savings and Interest-bearing accounts (if total is over \$400, list by institution and amount). **Attach all documents.**

INTEREST \_\_\_\_\_ DIVIDEND \_\_\_\_\_

OTHER \_\_\_\_\_  
(List Type, Amount, Recipient and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you want your refund deposited to your account attach a void check.

**3. MISCELLANEOUS DEDUCTIONS**

Other circumstances may affect your income and/or your allowable deductions.

REAL ESTATE TAXES PAID . . . . .	_____
HOME MORTGAGE INTEREST . . . . . <b>(Attach 1098)</b>	_____
OTHER MORTGAGE INTEREST . . . . . List Payee's Name, Address and Social Security # ➡	_____

CASH CONTRIBUTIONS . . . . . (Individual contributions over \$250 must be supported by a statement from the charitable organization.) Use back to list	_____
NON-CASH CONTRIBUTIONS . . . . . (Clothing, furniture, etc.)	_____
MEDICAL AND DENTAL EXPENSES . . . . . (Do not include reimbursed expenses)	_____

**4. TRAVEL SUMMARY**

<p><b>REIMBURSED TRAVEL EXPENSES</b> The costs listed below are travel costs that are reimbursed by the employer on a per diem basis.</p>	Taxpayer incurs costs of transport, food and miscellaneous items while traveling.	
	<p><b>TRAVEL EXPENSES</b> (Transportation costs away from base.)</p>	<p><b>MEALS</b> (Cost of food while away from base. Subject to the 50% exclusion rules.)</p>
TOTAL DAYS AWAY	TIPS TO DRIVERS	HIGH COST ALLOCATION
LESS TURNAROUND TRIPS	TELEPHONE CALLS	AVERAGE COST ALLOCATION
NUMBER OF DAYS OVERNIGHT	OTHER	LOW COST ALLOCATION
NUMBER OF DAYS TRAVELED: DOMESTIC / USA		INTERNATIONAL ALLOCATION
NUMBER OF DAYS TRAVELED: INTERNATIONAL		
TOTAL TRAVEL TO FORM 2106		TOTAL MEALS TO FORM 210

**EXPENSES LISTED BELOW ARE SUBJECT TO THE 2% AGI LIMITATIONS.**

**THESE ITEMS ARE ORDINARY AND NECESSARY**

It is the Taxpayer's responsibility to be able to support the amounts listed on this schedule.  
Support consists of but not limited to Flight Schedules, Log Books, Receipts and Canceled Checks.

**UNIFORM ADDITIONS** ..... \$ \_\_\_\_\_

- |                      |                      |                     |
|----------------------|----------------------|---------------------|
| _____ Belts          | _____ Pants          | _____ Skirts        |
| _____ Boots          | _____ Rain gear      | _____ Stockings     |
| _____ Ear muff       | _____ Safety glasses | _____ Support hoses |
| _____ Ear protector  | _____ Safety shoes   | _____ Sweaters      |
| _____ Emblems        | _____ Scarves        | _____ Ties          |
| _____ Hats / helmets | _____ Shoes          | _____               |
| _____ Gloves         | _____ Shoe polish    | _____               |
| _____ Jackets        | _____ Shirts         | _____               |

**UNIFORM MAINTENANCE** ..... \$ \_\_\_\_\_

- |                    |                        |       |
|--------------------|------------------------|-------|
| _____ Alternations | _____ Laundry supplies | _____ |
| _____ Cleaning     | _____ Repairs          | _____ |
| _____ Laundry      | _____                  | _____ |

**LUGGAGE / TRAVEL CASE** ..... \$ \_\_\_\_\_

- |                     |                   |       |
|---------------------|-------------------|-------|
| _____ ID case       | _____ Suitcases   | _____ |
| _____ Map case      | _____ Travel bags | _____ |
| _____ Maps          | _____ Travel case | _____ |
| _____ Passport cash | _____ Travel cart | _____ |
| _____ Repairs       | _____             | _____ |

**ASSOCIATION AND UNION DUES** ..... \$ \_\_\_\_\_

- |                                  |                      |       |
|----------------------------------|----------------------|-------|
| _____ Union                      | _____ Union meetings | _____ |
| _____ Professional subscriptions | _____ Other          | _____ |
| _____ Union dues                 |                      |       |

4. TRAVEL SUMMARY (continued)

Taxpayer incurs costs of transport, food and miscellaneous items while traveling.

**EXPENSES LISTED BELOW ARE SUBJECT TO THE 2% AGI LIMITATIONS.**

**THESE ITEMS ARE ORDINARY AND NECESSARY**

It is the Taxpayer's responsibility to be able to support the amounts listed on this schedule.  
Support consists of but not limited to Flight Schedules, Log Books, Receipts and Canceled Checks.

**COMMUNICATION AND BID SERVICE** ..... \$ \_\_\_\_\_

- |                         |                      |                          |
|-------------------------|----------------------|--------------------------|
| _____ Answering machine | _____ FAXes          | _____ Repairs            |
| _____ Answering service | _____ Line charges   | _____ Toll calls at home |
| _____ Beeper            | _____ On line charge | _____ Toll calls away    |
| _____ Bid fees          | _____ Pager          | _____                    |
| _____ Extra telephone   | _____ Pay phones     | _____                    |

**TOOLS & EQUIPMENT** ..... \$ \_\_\_\_\_

- |                      |                        |                     |
|----------------------|------------------------|---------------------|
| _____ Batteries      | _____ Ear protectors   | _____ Subscriptions |
| _____ Binoculars     | _____ Hand tools       | _____ Tape recorder |
| _____ Briefcase      | _____ Modem            | _____ Tools         |
| _____ Business cards | _____ Notebooks        | _____ Travel books  |
| _____ Calculator     | _____ Printer          | _____               |
| _____ Camera         | _____ Safety equipment | _____               |
| _____ Clipboard      | _____ Software         | _____               |
| _____ Computer       | _____ Stationery       | _____               |

**PASSPORT & PASSPORT PHOTOS** ..... \$ \_\_\_\_\_

- |                        |                 |       |
|------------------------|-----------------|-------|
| _____ Immigration fees | _____ Visa fees | _____ |
| _____ Photos           | _____           | _____ |

**TRAINING AND EDUCATION** ..... \$ \_\_\_\_\_

- |                         |                             |                               |
|-------------------------|-----------------------------|-------------------------------|
| _____ Books             | _____ Course fees           | _____ Language tapes          |
| _____ Registration      | _____ Tuition fees          | _____ Language classes        |
| _____ Seminars          | _____ First aid             | _____ Meetings                |
| _____ Supplies          | _____ Safety classes        | _____ Professional publishers |
| _____ Trade publicatons | _____ Language translations | _____                         |
| _____ Flight training   | _____ Language dictionaries | _____                         |

**LIQUOR SHORTAGES** ..... \$ \_\_\_\_\_

**TAX PREPARATION** ..... \$ \_\_\_\_\_

**OTHER EXPENSES** ..... \$ \_\_\_\_\_

- |                           |                            |       |
|---------------------------|----------------------------|-------|
| _____ Liability insurance | _____ Medical exam license | _____ |
| _____ Resumes             | _____ Licenses             | _____ |
| _____ Misc. repairs       | _____                      | _____ |

TOTAL TO SCHEDULE

