

Union Representative Deduction Worksheet

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|-------------------|------------------------|
| Name of Union: | Position: |
| Base Represented: | Headquarters Location: |

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| Did you receive a W-2 from the union? (If yes please include) | Yes | No |
| Did you receive a 1099 as a contract employee for your work for the Union? | Yes | No |
| If yes what was the amount (please provide 1099) | \$ | |

Union Business Deductions

Do not include any expenses in the following section that you have claimed as flying deductions in the Flighttax Professional Deduction section!

| | | | |
|--|----|--------------------------------------|----|
| Answering Service | \$ | Internet Access Fees | \$ |
| 2 nd Phone Line for Union Business (not home) | \$ | Postage & Shipping Expense | \$ |
| Home Phone Usage/Long Distance Expense | \$ | Copy & Printing Expenses | \$ |
| Cell Phone Usage | \$ | Photo & Camera Expenses | \$ |
| Pager | \$ | Professional Association Fees & Dues | \$ |
| Personal Organizer | \$ | Trade Publications | \$ |
| Business Cards | \$ | Misc. Office Supplies | \$ |

Meal and Entertainment Expense - If you have a bona fide and substantial discussion, regarding Union/Airline subjects, your "Meal and Entertainment Expenses" while conducting this business are deductible. You must have a receipt with time, date, subject of discussion and persons present. Qualifying items may include, restaurant/bar/coffee shop amounts, Movie, etc. as long as you had a Union discussion. \$

Meal Expense Deduction

You are allowed per diem deduction, just like your flying, for each day you spend away from home/base on Union related work.

Please answer the following questions and provide number of days and location of assignment.

| | | |
|---|------------|----|
| Were you reimbursed for your meal expenses? | Yes | No |
| If yes, how much was the daily reimbursement amount? | \$ per day | |
| What was the total reimbursement you received from the Union? (yearly amount) | \$ | |
| If you were paid by a 1099 – was this reimbursement included in he 1099? | Yes | No |

| Location of Assignment (city code) | Number of Days in City | Location of Assignment (city code) | Number of Days in City |
|------------------------------------|------------------------|------------------------------------|------------------------|
| | | | |
| | | | |

Local Transportation Expense

If you incurred any transportation expenses while away from home/base while on Union Business, these expenses are deductible. Please complete the section below with your expenses and reimbursements by the Union.

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|--|----|
| Amount spent on Rental Cars? | \$ |
| Amount spent on Taxi/Car services? | \$ |
| Other transportation expenses while on Union assignment away from home/base? | \$ |
| Amount reimbursed by the Union? | \$ |

Vehicle Expense Deduction

NOTE: Vehicle miles are ONLY deductible for travel BEYOND your base. For example, if you are meeting off site, only the mileage from the Airport to the location would be deductible, not the distance from your home to the meeting.

| | | |
|---|------------|----|
| Type & Year of Vehicle: | | |
| Date First Used for Business: | / | / |
| Do you have another car for personal use? | Yes | No |
| Do you have written evidence to support the deduction? | Yes | No |
| Number of Miles Driven for Union Business? | mi. | |
| Number of Miles Driven for Personal? | mi. | |
| Number of Miles Driven for Commuting? | mi. | |
| Were you reimbursed for your mileage and/or local transportation expenses? | Yes | No |
| If yes, how much were you reimbursed per mile? | \$ per mi. | |
| What was the total reimbursement you received from the Union? (yearly amount) | \$ | |

Home Office Deduction

| | | | |
|---|--------|--------------------------------|----|
| Does your Union or Airline provide an office or work area for you at your base? | Yes | No | |
| How far is your home from your base? | miles | | |
| Does your Union require you to have a home office? | Yes | No | |
| Are you reimbursed by the Union for any home office expenses? | Yes | No | |
| If yes, how much were you reimbursed and for what? | \$ | | |
| Square Footage of Home | sq./ft | Cost of Utilities per Month | \$ |
| Square Footage of Space/Room Used | sq./ft | Amount of Rent Paid per Month | \$ |
| Purchase Price of Home if you don't rent | \$ | Insurance – Homeowners/Renters | \$ |
| Number of Months Office was in Home | | Other - Specify | \$ |