

Name: _____	Phone: _____	Tax Year
Address: _____	Taxpayer's Social Security: _____	
City/State/Zip: _____	Spouse's Social Security: _____	

Unreimbursed Business Expenses (employer did NOT reimburse you for expenses required for work)

Section	Summary Line	Amount
Expenses	Union Dues	\$ _____
	Work cloths and uniforms	\$ _____
	Small tools and supplies	\$ _____
	Professional license fees, malpractice insurance & bond premiums	\$ _____
	Meals & Entertainment	\$ _____
	Parking & Tolls	\$ _____
	Travel	\$ _____
	Other Expenses: Office Supplies	_____
	Other Expenses: Cell Phone	\$ _____
	Other Expenses: Computer and Internet Subscriptions & Services	\$ _____
	Other Expenses: Continuing Education, Seminars, Training	\$ _____
	Other Expenses: Dues and Subscriptions	\$ _____
	Other Expenses: Postage	\$ _____
	Other Expenses: Printing, Copying, Reproduction Costs	\$ _____
	Other Expenses: Other Expenses	\$ _____
Total Expenses		\$ _____

Vehicle Mileage/ Expense Deduction (use separate sheet for each Vehicle)

Vehicle description (make, model and year)	

Date vehicle purchased	

Date vehicle place in service	

Odometer Reading Jan 1	

Odometer Reading Dec 31	

Total Mileage for the year	

Total Business Mileage for the year	

Gasoline, oil, repairs, insurance, etc.	\$ _____
Vehicle registration fee (excluding property tax)	\$ _____
Vehicle lease or rental fee	\$ _____
Parking fees, tolls, and local transportation	\$ _____
Interest on vehicle	\$ _____



Name: _____	Phone: _____	Tax Year _____ _____ _____
Address: _____	Taxpayer's Social Security: _____	
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Unreimbursed Business Expenses (cont.)

Section	Summary Line	Amount
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Home Office Deduction (must have been a

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| 1. Does your employer require you to maintain a suitable work area away from the employer's premises | Yes / No |
| 2. Is this work area the principal place where you perform the duties of your employment? | Yes / No |
| 3. Do you use this work area regularly and exclusively to perform the duties of your employment? | Yes / No |

Total Home Cost Basis (Purchase Price + Closing Costs)	\$ _____
Capital Improvements	\$ _____
 Total Square Footage of Home	 _____
Square Footage of area used regularly and exclusively for business	_____
 Allowable Deductions	 \$ _____
Deductible mortgage interest	\$ _____
Deductible mortgage insurance	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Rents	\$ _____
Repairs and maintenance	\$ _____
Utilities	\$ _____
Other (i.e. Security, Snow Removal, etc..)	\$ _____

