

Unreimbursed Employee Expenses

Use this form if you incur **SUBSTANTIAL** out-of-pocket expenses (more than 2% of your gross income) in the performance of your W-2 job duties. Do NOT list any vehicle expenses here. Going back and forth (commuting) to your primary work location is **NOT** a deductible mileage expense.

Important! Please use whole dollar amounts only on this form (no cents) and round to the nearest \$5. All of the amounts on this form are annual (yearly) amounts. Don't end many items in two zeros (example: \$1200) - if all of your numbers look like estimates, you are more likely to be audited.

Continuing Education	\$ _____
Dues & Subscriptions	\$ _____
Gifts to Clients	\$ _____
Internet Access (total)	\$ _____
Percentage Work-Related Use	_____ %
Meals (on the road or at work site)	\$ _____
Professional Licenses	\$ _____
Safety & Protective Clothing	\$ _____
Supplies (books, office items)	\$ _____
Telephone - Cell Phone (total)	\$ _____
Percentage Work-Related Use	_____ %
Tools	\$ _____
Travel (includes overnight lodging)	\$ _____
Union Dues - Primary	\$ _____
Union Dues - Supplemental	\$ _____
Other (specify)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Section Four - Vehicle Expenses

List Only Vehicle Expenses Here - Nothing Else

If I have your vehicle on file from a prior year, you may skip lines 3 and 4. Print out additional forms if you have more than three vehicles. You **MUST** complete lines 1, 2, 6, 7 and 11 - the others are optional. The "standard mileage" rate almost always produces a larger deduction than the "actual expense" method, so actual expenses are **NOT** critical items.

	Vehicle 1	Vehicle 2	Vehicle 3
1) Manufacturer	_____	_____	_____
2) Model / Year	_____	_____	_____
3) Purchased / Leased	_____	_____	_____
4) Purchase Price (or)	\$ _____	\$ _____	\$ _____
5) Lease Payment	\$ _____	\$ _____	\$ _____
6) Miles Driven Last Year (business, personal, everything)	_____	_____	_____
7) Business Miles Last Year	_____	_____	_____
8) Gasoline	\$ _____	\$ _____	\$ _____
9) Insurance	\$ _____	\$ _____	\$ _____
10) Maintenance & Repair	\$ _____	\$ _____	\$ _____
11) Parking and Tolls	\$ _____	\$ _____	\$ _____