

NAME: _____ **TAXABLE YEAR ENDED: 2013**

ADDITIONAL INFORMATION NEEDED FOR:

OTHER OCCUPATIONAL EXPENSES

Expenses incurred but not reimbursed, not eligible for reimbursement or not provided by your employer listed below:

Dues to professional organizations	
Local and out of town travel	
Professional journals and subscriptions	
Telephone costs	
Include business use % of the amount provided	%
Office costs such as faxes and photocopies	
Business meals & entertainment	
Research costs	
Costs to attend conferences and meetings	
Uniform costs	
Computer equipment, software, accessories	
Include business use % of the amount provided.	%
Internet access costs	
Include business use % of the amount provided.	%
Continuing education costs	
Tuition	
Seminars	
Books & Supplies	
Transportation	
Automobile Costs (list make & model)	
Number of miles driven for business (commuting mileage not deductible)	
Total miles driven for all purposes	
For leased vehicles only:	
Total lease payments	
TOTAL DEDUCTABLE EXPENSES	\$