

NON-REIMBURSED EMPLOYEE EXPENSES WORKSHEET

Name: _____
Print Name

Tax Year: _____

Business gifts (\$25 per recipient limit) \$ _____	Passport fee for job (if not reimbursed) \$ _____
Dues and subscriptions \$ _____	Printing-copying, job related \$ _____
Education and training (to maintain and improve your skill in current profession) . . . \$ _____	Professional associations \$ _____
Employment related education mileage _____ miles	Professional books and publications \$ _____
Employment related education parking fees . \$ _____	Professional license fees (not drivers or car licenses) \$ _____
Employment related education supplies \$ _____	Safety glasses \$ _____
Employment related education tuition (must maintain or improves skills) \$ _____	Safety shoes or boots \$ _____
Legal expenses; job related \$ _____	Software (job related) \$ _____
License fees \$ _____	Telephone expense for business \$ _____
Meals and entertainment \$ _____	Uniform purchase (employer required) \$ _____
Medical exam required by employer \$ _____	Union Assessments and initiation fees \$ _____
Mileage job related (not reimbursed and non-commuting) _____ miles	Union dues (on last pay stub, NOT on W-2). \$ _____
Office supplies for business \$ _____	_____ \$ _____

	Annual Cost	% Used for Work	Annual Work Cost
Cell phone or pager	\$ _____	_____ %	\$ _____
Computer	\$ _____	_____ %	\$ _____
Internet service	\$ _____	_____ %	\$ _____

How many times per month do you dry clean or wash the below uniform items?

Uniform Maintenance	Dry Clean Quantity	Dry Clean Unit Cost	Dry Clean Total Cost	Wash Quantity	Wash Unit Cost	Wash Total Cost
Pants	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
Shirts	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
Jackets	_____	\$ _____	\$ _____	Dry clean and wash; TOTALS		\$ _____
Coat	_____	\$ _____	\$ _____			

Signature is required to process this tax deduction

I understand that to deduct these expenses, my employer would agree that these non-reimbursed expenses were needed to perform my job. You should retain all original receipts, checks, bank statement and mileage logs to support these deductions. I declare that the information I have provided to Nancy L Shoemake CPA, P.A. is to the best of my knowledge is true, correct and complete.

Signature

Date