

DEDUCTIONS WORKSHEET

NAME(S) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

WORK PHONE _____

CELL PHONE _____

HOME PHONE _____

EMAIL ADDRESS _____

UN-REIMBURSED EMPLOYEE BUSINESS EXPENSES

* Do not include if expense was reimbursed by employer.

* Only normal and necessary expenses recognized by your industry.

Office Supplies	\$	Uniforms	\$
Office Equip / Furniture	\$	Union Dues	\$
Meals and Entertainment	\$	Parking / Tolls	\$
Professional Subscriptions	\$	Professional Gifts	\$
Travel Expenses	\$	Other Expenses	\$
Cell Phone Expense	\$	% used for work	%
Computer and Upgrades	\$	% used for work	%
DSL or Internet Service	\$	% used for work	%
Fax Line / Fax Supplies	\$	% used for work	%
Tools	\$	% used for work	%

DONATIONS TO CHARITY

Cash	\$	Non-Cash	\$
------	----	----------	----

Were any of these expenses reimbursed by your employer? If yes, please explain:

YES	NO