

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

Part I - Employee Business Expense and Reimbursements

	2016	2015
Rural mail carrier	_____	_____
Parking fees, tolls, and local transportation, including train, bus, etc.	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
DOT meals	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee	_____	_____
Portion of total expenses that is for an Armed Forces reservist	_____	_____
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2016	2015	2016	2015
Enter the date vehicle was placed in service	_____	_____	_____	_____
Total miles vehicle was driven during 2016	_____	_____	_____	_____
Business miles	_____	_____	_____	_____
Average daily roundtrip commuting distance	_____	_____	_____	_____
Commuting miles included in total miles above	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	_____	_____	_____	_____
Enter cost or other basis	_____	_____	_____	_____
Enter section 179 deduction	_____	_____	_____	_____
Enter depreciation method and percentage	_____	_____	_____	_____
If your employer provided a vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			