

Employee Business Expense

SSN: _____

Name: _____

Employee Business Expense

TSJ _____ Occupation _____

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

2018 2017

Part I - Employee Business Expense and Reimbursements

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		

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2018	2017	2018	2017
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2018				
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 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		