2019

Employee Business Expense

Name: SSN:

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

Part I - Employee Business Expense and Reimbursements	2019	2018
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		
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		
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	
	2019	2018	2019	2018
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2019				
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? ☐ Yes ☐ No

Do you or your spouse have another vehicle available for personal use? ☐ Yes ☐ No

Do you have evidence to support your deduction? ☐ Yes ☐ No

If "Yes," is the evidence written? ☐ Yes ☐ No