

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

Select if you are:

- A qualifying performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed forces reservist (travel related expenses only)
- A member of the clergy

Part I - Employee Business Expense and Reimbursements

	2021	2020
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	
	2021	2020	2021	2020
Enter the date vehicle was placed in service	_____		_____	
Total miles vehicle was driven during 2021	_____		_____	
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		