## **Employee Business Expense** Name: SSN: **Employee Business Expense** TS 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 2023 2024 Part I - Employee Business Expense and Reimbursements 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 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 form Other business 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 2024 2023 2024 2023 Enter the date vehicle was placed in service Total miles vehicle was driven during 2024 Business miles driven during 2024 Average daily roundtrip commuting distance Gasoline, oil, repairs, vehicle insurance, etc. 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 Yes □ No If your employer provided a vehicle, was personal use during off duty hours permitted? □ No Do you or your spouse have another vehicle available for personal use? Yes Do you have evidence to support your deduction? l I No □ No If "Yes," is the evidence written?