

NAME: _____

TAXABLE YEAR ENDED:

2020**ADDITIONAL INFORMATION NEEDED FOR:****OTHER OCCUPATIONAL EXPENSES****Expenses incurred but not reimbursed, not eligible for reimbursement or not provided by your employer listed below:**

Dues to professional organizations	
Telephone costs Include business use % of the amount provided.	
Local and out-of-town travel	
Professional journals and subscriptions	
Computer equipment, software, & accessories Include business use % of the amount provided.	
Internet access costs Include business use % of the amount provided.	
Office costs such as faxes and photocopies	
Business meals & entertainment	
Research costs	
Costs to attend conferences and meetings	
Continuing education costs	
Tuition	
Seminars	
Books & supplies	
Transportation	
Automobile costs: (List make & model)	
Number of miles driven for business (Commuting mileage is not deductible)	
Total miles driven for all purposes	
For leased vehicles only:	
Total lease payments	
TOTAL DEDUCTIBLE EXPENSES	