NURSE AND MEDICAL PROFESSIONAL DEDUCTIONS FOR TAX YEAR: _____

This form is to be used in conjunction with the General Information Worksheet. Please complete all information as thoroughly as possible. If sending supporting documentation, send photocopies only. Keep all receipts and documentation used to prepare this form in a safe location for 5 years. Please write legibly. Use separate sheet if needed.

NAME:_____ NEW CLIENT RETURNING CLIENT ADDRESS CHANGED? Y N

ADDRESS:_____ PHONE:_____ E-MAIL: _____

PROFESSIONAL DUES

Union Dues $_____
Professional / Trade Association $_____
Other Associations $_____
License Renewals $_____
Malpractice Insurance $_____
Other Insurance $_____
TOTAL $ 0.00

UNIFORMS

White Shoes $_____
Scrubs $_____
Labcoats $_____
Dry Cleaning / Laundry $_____
Other $_____
TOTAL $ 0.00

JOB SEEKING EXPENSSES

Airfare / Auto Rental $_____
Lodging / Parking $_____
Resume / Transcripts $_____
# of nights away $_____
Meals $_____

SUBSCRIPTIONS / PUBLICATIONS

Magazines / Subscriptions $_____
Reference Books $_____
Software / Downloads / Apps $_____
Training Materials $_____
Seminar Fee $_____

TOOLS / SUPPLIES

Stethoscope / Medical Equipment $_____
Notebooks / Pens $_____
Batteries $_____
Locker Supplies $_____
Other / Miscellaneous $_____
Cell Phone Purchase $_____
% Business Usage _____%
Cell Phone Service $_____
Internet Service $_____
% Business Usage _____%
Laptop / Computer / Tablet $_____
% Business Usage _____%
Computer / Cell Supplies $_____

OTHER WORK-RELATED EXPENSES

Please indicate any other work-related expenses not covered elsewhere:

Expense	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

EDUCATION / TRAINING / CONFERENCE EXPENSES

(Attach any 1098-T's received)

Books, Papers, Pens $_____
Parking Fees $_____
Registration / Tuition $_____
Hotel / Out Of Pocket $_____
Conference Travel $_____
Miles Driven $_____

Non-Work-Related Education for Dependents / Spouse:
Books $_____
Tuition / Fees $_____

AUTO MILEAGE

(Indicate if miles are by week, month or year)

Commuting_____ per month
Non-Business / Personal Miles _____

Business:
Dry Cleaners (uniforms)_____ per_____
Overtime/Other Assignments_____ per_____
(Note: OT must be at a diff work location)
Uniform / Equipment Stores_____ per_____
Job-Seeking _____ per _____
Education Miles _____ per _____

All information on this form was provided by the Tax Payer(s) and is true and correct information in order to prepare my/our tax return.

SIGNATURE:_____ **DATE:** _____