Client's Name:		Tax Year: 20	
The purpose of this worksheet is to help you oo be deductible, it must be considered an "ordina"		ur tax deductible business expense. In order for essary" expense. You may include other applic	
		mbursed, expect to be reimbursed, or are reimb	
UNIONS		JOB SUPPLIES	
Union Dues		Pens/Pencils/Notebooks	
CPO Foundation Dues		Fax Machine	
Professional Dues		Fax Paper	
Union Supplies Purchased		Fax/Printer Cartridges	
Union Seminar Expenses		Job Computer Purchase	
Chief Comma Expenses		Computer Supplies	
UNIFORMS		Postage	
Uniform Scrubs		Envelopes	
Lab Jacket			
Uniform Belt			
Leather Accessories			
Uniform Shoes			
Pocket Protectors			
Wrist Wraps		TELEPHONE	
Back Brace		Job Cellular Phone, Base Fees	\$480
Ankle Wraps		Job Cellular Phone Purchase	7
Hair Nets		Job Cellular Phone Accessories	
White Socks		Job Call Waiting	\$48
Thermal Wear		Job Phone Answerer	, , , , , , , , , , , , , , , , , , ,
Support Hose		Job Fax Line	
Alterations		Job Internet a month	
Name Tags / Patches / Insignias		Job Internet % used for work	
Cargo Pants			
Stethoscope			
•			
PROFESSIONAL		JOB MEALS	
Fingerprinting		Do you work an 8 hour shift or more withou	t benefit of a
Licenses Renewals/Permits		lunch break OR consume your meals while	
Continuing Education		Yes / No	
Registrations		Shifts: per week X 52 weeks =	
Reference Books		Less: Vacation Days Taken	
Sun Screen/Protective Lotions/Sanitizers		Less: Sick Days Taken	
Textbooks/Manuals		Less: Holiday Taken	
Carrying Cooler/Lunch Bag		Less: Comp Days Taken	
Van Pool less reimbursement		Less: Other Days Taken, FMLA, FTO	
ID Holder		Add: Double Shifts Worked	
Uniform Home Laundry per diem	\$58.00	Add: Holdovers, 5 hrs or more each	
Carrying Cooler/Lunch Bag		Add: Overtime/Callbacks	
Van Pool less reimbursement		Add: Days off Worked	

Registered Nurse, LVN, Psych Tech Deductions

The IRS/FTB requires that the taxpayer(s) be advised that it is their individual responsibility to keep or maintain actual receipts and completed personal checks used for the acquisition of any item or services expensed on their individual income tax return. While Del Valle Tax Services does not require to view these receipts/invoices/checks, it will be necessary to produce these receipts if audited or questioned by the IRS/FTB to prove the expenses.

Signature: _	Date: _	
_	-	



ID Holder

Total Shift Days Worked