

Name: _____
Print Name

Tax Year: _____

Classes taken for certification	\$ _____
Education courses for A & P license	\$ _____
Gloves (work related not reimbursed by employer)	\$ _____
Safety glasses.	\$ _____
Safety shoes	\$ _____
Tool boxes needed to perform job.	\$ _____
Tools needed to perform job.	\$ _____
Uniform purchase (employer required)	\$ _____
Union dues (on last pay stub, NOT on W-2)	\$ _____

	\$ Annual Cost	% used for work	\$ Annual work cost
Cell phone or pager	\$ _____	_____	\$ _____

Uniform Maintenance	Wash Quantity	Wash Unit Cost	Wash Total Cost
Jackets	_____	\$ _____	\$ _____
Pants	_____	\$ _____	\$ _____
Shirts.	_____	\$ _____	\$ _____
TOTAL			\$ _____

Tools, New Clients

Have you ever deducted the tools and equipment you purchased that is related to your occupation? Yes No

If you have not deducted your tools please provide a detailed list showing approximate date, item description, and purchase price Yes No

Signature is required to process this tax deduction

I understand that to deduct these expenses, my employer would agree that these non-reimbursed expenses were needed to perform my job. You should retain all original receipts, checks and bank statement to support these deductions. I declare that the information I have provided to Nancy L. Shoemaker CPA, P.A. is to the best of my knowledge is true, correct and complete.

Signature

Date