

Medical Professional Deductions

Professional Supplies and Fees Ambulance Bag /Gear Bag CPR Supplies Stethoscopes Stethoscope Replacement Parts Stethoscope Covers/Holsters Blood Pressure Devices Ophthalmoscopes Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
CPR Supplies Stethoscopes Stethoscope Replacement Parts Stethoscope Covers/Holsters Blood Pressure Devices Ophthalmoscopes Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Stethoscopes Stethoscope Replacement Parts Stethoscope Covers/Holsters Blood Pressure Devices Ophthalmoscopes Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Stethoscope Replacement Parts Stethoscope Covers/Holsters Blood Pressure Devices Ophthalmoscopes Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Stethoscope Covers/Holsters Blood Pressure Devices Ophthalmoscopes Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Blood Pressure Devices Ophthalmoscopes Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$ \$ \$ \$
Ophthalmoscopes Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$ \$
Otoscopes Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$ \$
Pen Lights Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$ \$
Scissors & Supplies Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$ \$
Clipboards & Measuring Tapes Hemostats, Forceps and Clamps Digital Thermometers	\$
Hemostats, Forceps and Clamps Digital Thermometers	
Digital Thermometers	
	\$
	\$
First-Aid Kit and Supplies	\$
Ear Plugs	\$
Code/Procedure Book	\$
	\$
	\$
6	\$
6 6	\$
	\$
	\$
	\$
Latex/Protective Gloves	\$
	\$
	\$
Professional Organization Fees & Dues	\$
	\$
	\$
	\$
	\$
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Location of Seminar/Conference	
Travel to/from Interview	\$
Hotel Expense for Interview	\$
Commissions Paid	\$
Home Internet for Business Use	\$
	\$
Air Card Mobile Internet Fees	\$
	Day-Timer/Personal OrganizerBio Containment/Decontaminant SuppliesFlashlightHeadlight/Light BandsPDR Reference MaterialAnatomical Models & ChartsFlashlight BatteriesLatex/Protective GlovesUnion DuesUnion Initiation FeesProfessional Organization Fees & DuesCourse BooksReference MaterialHotel Expenses for Seminar/ConferenceLocal Transportation at Seminar/ConferenceOther Education ExpensesLocation of Seminar/ConferenceHotel Expense for InterviewHotel Expense for InterviewHotel Expense for InterviewHotel Expense for InterviewHotel Expense for InterviewHome Internet for Business UseTravel Internet Fees



Vehicle Expense Do you have a company provided car includi	ing gas car	d? (If yes, no	o applicable	e deduc	tion)			Yes	No
Are you reimbursed either on a base monthly amount or per mile amount for your travel?								Yes	
If yes, what is the total amount received								\$	
ou have an option of taking actual expenses	s on your v	ehicle or a pe	r mile dedu	ction -	Please com	plete the followi	ng informatio	on:	
Vehicle expenses for year, gas, repair, tires, e			Is this ev			•	Yes	or N	0
Type & Year of Vehicle:			If you lea	ase, wh	at is the mo	nthly payment?		\$	
Date First Used for Business:	Number of Miles Driven for Business						n		
Do you have another car for personal use? Yes or No			Number of Miles Driven for Personal						r
Do you have evidence to support the deduction	on? Yes	or No	Number	of Mile	s Driven fo	r Commuting			n
Home Office									
n order to qualify for a home office deduction	on, vou mu	st be required	l by your en	nplover	to have an	office at home o	r be self empl	oved	
Square Footage of Home	,)	sq./ft		Cost of Utilities per Month					
Square Footage of Space/Room Used		sq./ft		Amount of Rent Paid per Month					
Purchase Price of Home	\$				meowners			\$ \$	
Number of Months Office was in Home	<u>ب</u>	\$				Refiters		\$	
			Other - S	specify				¢	
Гravel									
Do you maintain a primary residence (Home,	, condo. ar	artment) at a	location of	her than	your work	assignment?		Yes	No
As long as you maintain a permanent residen							on a regular b		
eligible to take advantage of your expenses w								, j	
City Location of 1st the Assignment	i		Ţ		er of Days	on 1 st Assignmen	nt		
City Location of 2 nd the Assignment				Numb	er of Days	on 2 nd Assignmen	nt		
City Location of 3 rd the Assignment						on 3 rd Assignmer			
Were you provided Housing?		Yes or	No	Were	you paid a p	er diem on Assi	gnment	Yes o	or No
Were you reimbursed a set amount for housing	ng?	\$		Amou	nt of per die	em paid	-	\$	
Hotel/Housing Expense		\$		Utility	Expense for	or Assignment		\$	
ocal Transportation during Assignment \$ Local/LD Phone Usage During Assignment						ssignment	\$		
Commuting Expense Home During Assignm	ent	\$				ue to relocation		\$	
Advertising	\$	porting and in	nd maintaining your business are deductible. Meals				\$		
Business Insurance (not health)	\$		Utilities – Outside of Home					\$	
Interest - Mortgage \$ Other In			Dues & Publications					\$	
Legal & Professional Fees Rent – Outside of Home	\$		Postage & Shipping					\$	
	\$		Telephone					\$	
Repairs	\$		Bank Charges					\$	
Supplies	\$		Self Employed Health Insurance					\$	
Taxes Travel	\$ \$		Other (Specify)					\$	
Entertainment	\$		Equipment Purchased – Complete information below Date you started your business:					1	
			Date you stated your business: Date Purchased Placed in Service					· ·	
List Office Equipment Purchase	ea		Date	Purc	nased	Placed in	Service		iount
				/	/	/	/	\$	
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Comments and Other Expenses	:			/	/	<u> </u>		-	
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