

Employee Business Expenses

For outside salesmen and other employees who have business expenses as a condition of employment. Enter these business expenses as outlined below.

AUTOMOBILE EXPENSES (computed on the basis of total mileage) * Check if you have a mileage log							
V E H #	Description of vehicle	Date placed in service	Cost or other basis	Speedometer reading 1/1	Speedometer reading 12/31	% Business	Total mileage
1.							
2.							
3.							
Enclose copies of contracts on purchase or sales of any business vehicle the past year.							
AUTOMOBILE EXPENSES (Using actual expenses and depreciation) * Check if you have receipts or log							
Gasoline and Oil	1	2	3	Auto Leasing	1	2	3
Lube and Wash				Parking & Tolls			
Repairs				Garage Rent			
Insurance and Lic.				Tires, Tubes			
Average daily round trip commuter distance	mi.	mi.	mi.	Total commuter miles in 1987	mi.	mi.	mi.
If employer provided vehicle, is personal use in off duty hours permitted? * Yes * No * Have written evidence							
OTHER TRAVELING EXPENSES (while away from home on business) * Check if you have receipts or log							
Plane and Railroad Fares				Taxi, Bus, Subway			
Auto Rental				Meals & Tips			
Lodging & Hotel Expenses				Other			
BUSINESS ENTERTAINMENT AND SELLING EXPENSES-Local * Check if you have receipts or log							
Dinners and Drinks				Christmas Cards & Gifts			
Lunches				Commissions Paid			
Theater & Sports Tickets				Other			
Gifts to Customer							
MISCELLANEOUS BUSINESS EXPENSES * Check if you have receipts or log							
Stationary				Professional Services			
Postage				Telephone & Telegrams			
Professional Dues				Phone - Home % Business ()			
Trade Journals and Subscriptions				Required Educational			
Business cards				Other			
AMOUNT OF REIMBURSEMENT & ALLOWANCES RECEIVED FOR ABOVE							
OFFICE AT HOME (may qualify if your job necessitates working space at home) Home computer? * Yes * No							
Total cost of residence with improvements & lot _____ Lot Cost _____							
Square footage of living area _____ Square footage of space for office use at home _____							
Utilities _____ Insurance _____ Property Tax _____ Maintenance _____							
BUSINESS EQUIPMENT & FURNITURE (give information outlined below on items purchased the past year)							
Date							
Item							
Amount							

Questions to ask the tax preparer: _____