

WORKSHEET FOR UNREIMBURSED Out-of-Pocket Employee Expenses

These are expenses that were incurred in the course of your employment and were not reimbursed by your employer. If partially reimbursed, list the amount your employer paid you and we will deduct the excess expense.

Name:	
Tax Year:	
Signature:	

In signing this worksheet, I attest that all information is true, and that I have all receipts and documents as proof of expense.

Expenses:

Educator Expenses		Uniforms and protective clothing	
Union and professional dues		Job search costs	
Professional subscriptions		Cell phone	
Meals and entertainment		Internet	
Travel, airfare, hotels & parking		Continuing education	
Insurance		Special licenses	
		Tools & supplies	

Other Miscellaneous Expenses:

Description	Amount	Description	Amount

Home Office: (Home office area must be 100% business use)

Number of days per week office area used for employer's work		
Total square footage of home		Rent (for renters only)
Square footage of office area		

Car & Truck Expenses:

Total annual miles		Business Miles	
Commuting & personal miles			