Nursing Professional Deductions

Professional Qualification:		Number of Months Worked as a Nurse this Tax Year?				
Uniforms		Professional Supplies and Fees	Professional Supplies and Fees			
Uniform/Scrubs Alterations	\$	Ambulance Bag /Gear Bag	\$			
Uniform Shirts	\$	CPR Supplies	\$			
Uniform Pants	\$	Stethoscopes	\$			
Uniform Jacket	\$	Stethoscope Replacement Parts	\$			
Shirts	\$	Stethoscope Covers/Holsters	\$			
Scrub Sets	\$	Blood Pressure Devices	\$			
Scrub Pants	\$	Ophthalmoscopes	\$			
Seasonal/Holiday Scrubs	\$	Otoscopes	\$			
Lab Coats	\$	Pen Lights	\$			
Scrub Caps	\$	Scissors & Supplies	\$			
Surgical Caps	\$	Clipboards & Measuring Tapes	\$			
Key Strap/Holders	\$	Hemostats, Forceps and Clamps	\$			
Badges/Emblems/Insignias/Patches	\$	Digital Thermometers	\$			
Uniform Footwear	•	First-Aid Kit and Supplies	\$			
Clogs	\$	Ear Plugs	\$			
Non-Slip Nursing Shoes	\$	Code/Procedure Book	\$			
Protective Foot Ware	\$	Day-Timer/Personal Organizer	\$			
Shoe Maintenance	\$	Bio Containment/Decontaminant Supplies	\$			
Shoe Repair	\$	Flashlight	\$			
Support Hosiery (Medical Deduction)	\$	Headlight/Light Bands	\$			
Uniform Maintenance		PDR Reference Material	\$			
Amount of Dry Cleaning Per Week	\$	Anatomical Models & Charts	\$			
Amount of Laundry Per Week	\$	Flashlight Batteries	\$			
Amount of Home Laundry Per Week	\$	Latex/Protective Gloves	\$			
Professional Fees						
Professional Licensing Fees	\$	Union Dues	\$			
Renewal of Annual Registration Fee	\$	Union Initiation Fees	\$			
Professional/Liability Insurance	\$	Professional Organization Fees & Dues	\$			
Continuing Education			1 ·			
Self Education Course Fees/Tuition	\$	Course Books	\$			
Education Supplies	\$	Reference Material	\$			
Seminar/Conference Attendance Fees	\$	Hotel Expenses for Seminar/Conference	\$			
Travel to/from Seminar/Conference	\$	Local Transportation at Seminar/Conference	\$			
Meal Expense at Seminar/Conference	\$	Other Education Expenses	Ψ			
Number of days at Seminar/Conference	ψ	Location of Seminar/Conference				
Job Hunting Expenses		Loouton of Seminar Conference	ļ			
Resume Expenses	\$	Travel to/from Interview	\$			
Application Fees	\$	Hotel Expense for Interview	\$			
Professional Service Fees	\$	Commissions Paid	\$			
Communication Expenses	Ψ		Ψ			
Cell Phone – Business Use	\$	Home Internet for Business Use	\$			
Long Distance – From Home	\$	Travel Internet Fees	\$			
Paging Service	\$	Air Card Mobile Internet Fees	\$			
Paging Service Pager/Cell Phone Purchase	\$		Φ			
r agei/Cell Fliolle Futchase	φ					
Entertainment Expenses						

 T's, Gym (per visit expense), Movie, etc. as long as you had a bona fide discussion company/client related or union business.
 \$

 Note:
 All Expenses above must be specifically helpful to you in your profession and not reimbursable by your employer. Any expense you incurred to meet the minimum hiring requirements are not deductible. As always, keep receipts to support your deductions. Mileage for trips to any other worksite beyond your post may be taken.



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Vehicle Expense							
Do you have a company provided car including	gas car	d? (If yes, no	applicabl	e deduction)		Yes	No
Are you reimbursed either on a base monthly amount or per mile amount for your travel?							
If yes, what is the total amount received during 2008							
You have an option of taking actual expenses o		ehicle or a pe			plete the following informa	tion:	
Vehicle expenses for year, gas, repair, tires, etc \$				Is this evidence written? Yes			
Гуре & Year of Vehicle:				If you lease, what is the monthly payment?			
Date First Used for Business: /				Number of Miles Driven for Business			
Do you have another car for personal use? Yes or No				Number of Miles Driven for Personal			m
Do you have evidence to support the deduction	? Yes	or No	Number	of Miles Driven for	Commuting		m
Home Office							
In order to qualify for a home office deduction,	you mu	st be required	by your e	mployer to have an o	office at home or be self em	ployed	
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	\$			ce – Homeowners/		\$	
Number of Months Office was in Home	Ψ		Other -		Itenters	\$	
			Oulci -	speeny		Ψ	
Fraveling Nurse							
Do you maintain a primary residence (Home, co	ondo, ap	artment) at a	location of	ther than your work	assignment?	Yes	No
As long as you maintain a permanent residence						r basis, you v	will be
eligible to take advantage of your expenses whi				ent.	ç		
City Location of 1st the Assignment				Number of Days of			
City Location of 2 nd the Assignment				Number of Days of	on 2 nd Assignment		
City Location of 3 rd the Assignment				Number of Days of	on 3 rd Assignment		
Were you provided Housing?		Yes or	No	Were you paid a p	er diem on Assignment	Yes or	r No
Were you reimbursed a set amount for housing	?	\$		Amount of per die	m paid	\$	
Hotel/Housing Expense		\$		Utility Expense fo	r Assignment	\$	
Local Transportation during Assignment		\$		Local/LD Phone U	Jsage During Assignment	\$	
Commuting Expense Home During Assignmen	t	\$		Other Expenses du	e to relocation	\$	
Contract/Self Employed As a self employed professional, your expenses	for sup		-	your business are de	eductible.	1	
Advertising	\$		Meals			\$ \$	
Business Insurance (not health)		\$		Utilities – Outside of Home			
Interest - Mortgage \$ Other Int.	\$			Publications		\$	
Legal & Professional Fees	\$			& Shipping		\$	
Rent – Outside of Home	\$		Telephone			\$	
Repairs	\$		Bank Ch			\$	
Supplies \$			Self Employed Health Insurance			\$	
Taxes \$			Other (Specify) Equipment Purchased – Complete information below			\$	
Fravel	\$				·	, ,	
Entertainment	\$			started your busine		/ /	
List Affina Fauinment Dunchasse			Date	e Purchased	Placed in Service	e Am	ount
List Office Equipment Purchased				/ /	/ /	\$	
List Office Equipment Purchased					. ,	-	
List Onice Equipment Furchased				/ /	1 1	\$	
List Office Equipment Furchased						1	
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List Office Equipment Purchased Comments and Other Expenses:						\$	
						\$	