

Unreimbursed Employee Business Expense**2017**

Name _____

Address _____

City _____ St _____ Zip _____

Yearly Total

Automobile Mileage

Cell Phone

Continuing education

Delivery and or Freight

Food and Entertainment

Gifts

Home office Exp. i.e Utilities

Laptop or Computer

License and Certificates

Miscellaneous

Office Supplies

Parking

Permits and Fees

Postage

Printing

Professional Insurance

Professional Subscriptions

Protective Gear

Safe Deposit Box

Tolls

Tools

Training

Travel

Uniform

Union Dues

Other

By signing this worksheet you are agreeing that all information contained above was supplied by you and is true to the best of your knowledge and does not contain false and or misleading information designed to defraud the Internal Revenue Service. You also agree to keep all supporting documents for the above information for 3 years should the IRS or State require proof of such deductions.

Name _____ Date _____