



Employee Business Expenses

Tax Year: 2025

General Information

Did you reside in AL, AR, CA or HI at any time during the tax year?	<input type="checkbox"/> Yes Complete this Worksheet.	<input type="checkbox"/> No Stop. Do not complete this worksheet.
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Name: _____ Phone: _____

Email address: _____

Receipts required; retain with tax records.

VEHICLE EXPENSES	Taxpayer	Spouse	OTHER EXPENSES	Taxpayer	Spouse
NOTE: Commuting to/from work is not deductible; only work meetings, training, etc. are deductible. *			Computer, equipment	\$	\$
Make/Model/Year			Date purchased?		
Date placed in service			Flight gear, luggage, passport	\$	\$
Total miles driven yearly			Union/professional dues	\$	\$
Business related miles			Trade subscriptions/Magazines	\$	\$
Round trip distance to work			Uniforms, Protective clothing, shoes, etc.	\$	\$
If leased; payments, costs	\$	\$	Uniform upkeep Cleaning/Alterations	\$	\$
Tolls, parking, taxis – unrelated to overnight or commuting to/from work	\$	\$	Office supplies/equipment	\$	\$
OTHER EXPENSES	Taxpayer	Spouse	Special tools – Jepp binders, headset, sunglasses, etc.	\$	\$
Job search costs – even if not hired	\$	\$	Internet fees	\$	\$
Education to maintain skills; aircraft rentals, classes, renewals, etc.	\$	\$	Non-taxable Per Diem	Submit final pay stub if not listed on W-2, Box 12, Code L.	
Cell phone Monthly fee / purchase	\$	\$	Meals, Overnight Travel, etc.	Submit Per Diem Report Summary page, flight schedules or complete our Per Diem form.	

I verify that the information and financial values I have provided on this form are true, accurate and complete, to the best of my knowledge and belief, and that I possess the corresponding receipts and documentation to be retained with my tax records.

We are committed to protecting your Personally Identifiable Information (PII). We offer Client Xchange as our only secure method of submitting your tax forms/documents with PII. We are unable to ensure the security of PII sent via alternative methods and therefore cannot be held responsible for such transmissions.

Signature: _____

Date: _____

