

UNREIMBURSED BUSINESS EXPENSES

TAX YEAR _____ **LOCAL #** _____

CLIENT NAME _____

ADDRESS _____

CITY, ST, ZIP _____

ODOMETER READING **VEHICLE #1** **VEHICLE #2**

ENDING _____ _____

BEGINNING _____ _____

TOTAL MILEAGE _____ _____

BUSINESS MILEAGE _____ _____

TOLLS _____ **PARKING** _____

TOOLS _____ **SUPPLIES** _____

CLOTHES _____ **SAFETY EQUIP** _____

CELL PHONES _____ **BOOKS/SCHOOL** _____

MISC _____

VEHICLE #1 YR./MAKE/MODEL _____

VEHICLE #2 YR./MAKE/MODEL _____

WE HAVE PREPARED YOUR TAX RETURN BASED ON THE INFORMATION PROVIDED BY YOU. PLEASE REVIEW THIS INFORMATION CAREFULLY BEFORE SIGNING TO ENSURE THAT THERE ARE NO OMISSIONS OR MISSTATEMENTS OF MATERIAL FACTS

SIGNED _____ **DATE** _____