

MEDICAL PROFESSIONAL EXPENSE WORKSHEET

NAME:	TAX YEAR:
S.S.N.:	GROSS INCOME: \$

ACCOUNTING	\$	RESEARCH & DEVELOPMENT	\$
ALTERATIONS	\$	SECRETARIAL SERVICES	\$
ANSWERING SERVICE	\$	STATIONARY	\$
BEEPER / PAGER	\$	STORAGE (NOT PERSONAL)	\$
BRIEFCASE / MEDICAL BAG	\$	TRADE DUES	\$
BUSINESS CARDS	\$	TRADE PUBLICATIONS	\$
BUSINESS MEETING MEALS	\$	TRADE SUBSCRIPTIONS	\$
BUSINESS MILES (UNREIMB) (ATTACH VEHICLE EXP WORKSHEET)		TRANSCRIPTION EXPENSE	\$
COMPUTER/LAPTOP/ETC (LIST PURCH DATE):	\$	TOOLS	\$
CONTINUED EDUCATION		UNIFORMS / SP. CLOTHING	\$
CORRESPONDENCE COURSE FEES	\$	UNION DUES	\$
LAB FEES	\$	UPKEEP/DRY CLEANING	\$
MATERIALS & SUPPLIES	\$	TELEPHONE:	
REGISTRATION / TUITION	\$	CELL - BUSINESS% _____	\$
SEMINARS/WORKSHOPS	\$	CELL ACCESSORIES	\$
COPYING & PRINTING	\$	BUSINESS LINE (SOLELY)	\$
EQUIPMENT (MEDICAL)	\$	FAX - BUSINESS % ____	\$
EQUIPMENT REPAIRS	\$	TRAVEL EXPENSES:	
INTERNET (%)	\$	AIRFARE	\$
LEGAL & PROFESSIONAL FEES	\$	HOTEL	\$
LICENSE RENEWAL	\$	MEALS	\$
MALPRACTICE & LIABILITY INSURANCE	\$	TRANSPORTATION	\$
OFFICE SUPPLIES	\$	OTHER	\$
PARKING	\$	WEBSITE:	
PHYSICAL EXAM (REQUIRED BY EMPLOYER)	\$	SET UP	\$
POSTAGE	\$	DOMAIN	\$
P.O. BOX RENTAL	\$	MISC	\$
PROFESSIONAL DUES		OTHER EXPENSES (NOT LISTED):	
ALUMNI DUES	\$	(LIST ITEM/DATE)	
MEDICAL ASSOCIATION DUES	\$		\$
PROFESSIONAL ASSOCIATION DUES	\$		\$
UNION DUES	\$		\$
REFERRAL SERVICE	\$		\$

We will prepare your Federal and State Tax Returns based on the information you have submitted to us. It is your responsibility to retain all documents, receipts, cancelled checks and other expenditures which are claimed on your tax returns. Your returns are subject to review by taxing authorities within 4 years of filing.

TAXPAYER SIGNATURE

DATE