

Medical Professionals

<i>Supplies & Expenses</i>		<i>Continuing Education</i>	
Answering Machine		Correspondence Course Fees	
Bag - Medical		Lab Fees	
Beeper - Pager		Materials & Supplies	
Computer and Printer		Photocopy Expenses	
Business Cards and Briefcase		Reference Material	
Business Meals (enter 100% of Expenses)		Registration Fees	
Medical Equipment		Transcripts	
Office Supplies		Tuition	
Recorder & Tapes		Textbooks	
Referral Service		Other: _____	
Repairs - Equipment		<i>Auto Travel (In miles)</i>	
Stationery		Between Medical Facilities	
Other: _____		Continuing Education	
<i>Other Expenses</i>		Interviews - Position	
Malpractice & Liability Insurance		Out of Town Business Trips	
Journals - Medical		Patient House Calls	
Legal fees (protection and production of taxable income)		Purchasing of Equipment & Supplies	
Periodicals - Medical		Tolls & Parking (\$)	
Professional Subscriptions		<i>Travel - Out of Town</i>	
Other: _____		Airfare, Train & Bus	
<i>Telephone Expenses</i>		Car Rental	
Answering Service		Parking	
Cellular Service		Taxi & Subway	
Paging Service		Lodging (do not combine with meals)	
Pay Phone		Meals (do not combine with lodging)	
Toll Calls		Porter, Bell Captain	
On-Line Charges		Laundry	
Other: _____		Bridge & Highway Tolls	
<i>Uniforms & Upkeep</i>		Telephone Calls (including home)	
Alterations		Other: _____	
Shoes		<i>Professional Fees & Dues</i>	
Cleaning		Alumni Dues	
Hat, Cap		Medical Association Dues	
Jacket, Pants, and Scrubs		Professional Association Dues	
Laundry & Cleaning		Union Dues	
Other: _____		Other: _____	

The following information is from my accounting records of income and expenses for filing of the _____ tax year. These amounts are from actual source documents and are not rounded or estimated. All source documents are available upon request and must be kept for seven years. If needed you will be able to provide proof of all figures listed above. By signing below you acknowledge this is true and correct for the filing of your income taxes.

Taxpayer Signature

Date

Spouse Signature

Date