

TAX DEDUCTION WORKSHEET FOR MEDICAL PROFESSIONALS Tax Year: 12/31/____

Taxpayer's Name: _____ Occupation: _____

Spouse's Name: _____ Occupation: _____

TAXPAYER TO FILL OUT BELOW:	
Uniforms & Protective Clothing	
Duty Shoes and White Socks/Stockings	
License Renewal	
Malpractice & Liability Insurance	
Professional and Union Dues	
Required CE	
Work Related Education	
Seminars and Workshops / Training	
Medical Equipment	
Duty Watch and Repair	
Books & Journals / Publications	
Uniform Laundering/Dry Clean/Repair	
Working Visa & Legal Expense	
Placement Fees	
Telephone / Pager Expense	
Bridge/Highway Toll & Parking Fees	
Job Search Expense	

SPOUSE TO FILL OUT BELOW:	
Uniforms & Protective Clothing	
Duty Shoes and White Socks/Stockings	
License Renewal	
Malpractice & Liability Insurance	
Professional and Union Dues	
Required CE	
Work Related Education	
Seminars and Workshops / Training	
Medical Equipment	
Duty Watch and Repair	
Books & Journals / Publications	
Uniform Laundering/Dry Clean/Repair	
Working Visa & Legal Expense	
Placement Fees	
Telephone / Pager Expense	
Bridge/Highway Toll & Parking Fees	
Job Search Expense	

TAXPAYER AUTO & MILEAGE EXPENSE:	
Auto 1: Brand	
Model & Year	
Total Miles Driven	
Miles from 1 st Job to 2 nd Job OR from Home to Different Work Site	
Personal & Commute Miles	

SPOUSE AUTO & MILEAGE EXPENSE:	
Auto 2: Brand	
Model & Year	
Total Miles Driven	
Miles from 1 st Job to 2 nd Job OR from Home to Different Work Site	
Personal & Commute Miles	

TAXPAYER TO FILL OUT OTHER EXPENSES:	

SPOUSE TO FILL OUT OTHER EXPENSES:	

Total Medical / Dental / Out of Pocket Co-Pay Expense:	\$
Total Charitable Contributions (save your receipts):	\$

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