

INSTRUCTOR & EDUCATOR DEDUCTIONS

Client: _____

ID #: _____ Tax Year: _____

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

| CLASSROOM AIDS | |
|---|--|
| Arts & Crafts | |
| Attendance Books | |
| Audio/ Visual | |
| Books | |
| Decorations | |
| Film Processing | |
| Food | |
| Grade Books | |
| Party Supplies | |
| Photocopying | |
| Printing | |
| Prizes & Awards | |
| Publications | |
| Rentals | |
| Software | |
| Stationery | |
| Tools | |
| Trophies | |
| Other: | |
| Other: | |
| Total | |
| PROFESSIONAL | |
| Continuing Ed | |
| Conventions | |
| Dues | |
| E & O Insurance | |
| Job Seeking | |
| Legal Fees | |
| Licenses | |
| Memberships | |
| Resumes | |
| School Functions | |
| Seminars | |
| Other: | |
| Other: | |
| Total | |
| VEHICLE & TRAVEL | |
| See Vehicle, Travel & Entertainment Worksheet | |

| TELEPHONE | |
|------------------------|--|
| 2nd Line | |
| Answering Service | |
| Beeper/ Pager | |
| Cellular Service | |
| Faxes | |
| Long Distance | |
| Pay Phone | |
| Other: | |
| Other: | |
| Other: | |
| Total | |
| EQUIPMENT | |
| Calculator | |
| Camera | |
| Cell Phone | |
| Chair | |
| Desk | |
| Filing Cabinet | |
| Tape/ Digital Recorder | |
| Other: | |
| Other: | |
| Other: | |
| Total | |
| UNIFORMS | |
| Dry Cleaning | |
| Lab Coats | |
| Laundry | |
| Other: | |
| Other: | |
| Total | |
| MISCELLANEOUS | |
| Postage | |
| Storage | |
| Other: | |
| Other: | |
| Other: | |
| Other: | |
| Other: | |
| Total | |

| OTHER INFORMATION | |
|-------------------|--|
| _____ | |
| _____ | |
| _____ | |