


## AUTO MILEAGE

Do not complete any part of this section if your automobile is used only for commuting to and from work and for pleasure.

Check if vehicle provided (owned) by employer  1  2  
 Check if any automobile expense reimbursement provided by employer  1  2  
 Check if reimbursement included in W-2   1  2

Vehicle Description		Vehicle 1		Vehicle 2	
		<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Make or Model					
Date Originally Purchased		/ /		/ /	
TOTAL MILES DRIVEN THIS YEAR (include both business & personal)					
BUSINESS MILES DRIVEN	For Employer		mi		mi
	To Professional Meetings		mi		mi
	Between 1st and 2nd Job		mi		mi
	From Job to School		mi		mi
	Jobseeking		mi		mi
	Investment/Tax Preparation		mi		mi
	Rental		mi		mi
	Self-Employed Business		mi		mi
	Temporary Job Sites		mi		mi
	Other: _____		mi		mi
Average Round-Trip Distance to Work (REQUIRED)			mi		mi
Total Commuting for the Year (REQUIRED)			mi		mi

## AUTO EXPENSES

Do not complete this section if you are using the government's "standard mileage rate".

Gasoline & Oil		
Repairs, Service, Tires, etc.		
Insurance		
License & Taxes		
Wash, Wax, Auto Club, etc.		
Interest (Applies only to self-employed individuals)		
Lease Payment		
Other: _____		
Employer Reimbursement		

## AWAY-FROM-HOME EXPENSES

Check if employer reimbursed any amount   You  Spouse

Airfare, Train, etc.		
Auto Rental, Taxi, Bus, etc.		
Meals (enter 100% of expense)		
Lodging (DONOT INCLUDE MEALS)		
Porter, Skycap, Tips, etc.		
Laundry		
Other: _____		

## MOVING EXPENSES




Check if employer reimbursed any amount.

Miles from Old Residence to New Job (A)	
Miles from Old Residence to Old Job (B)	
Difference in (A) and (B) (must be 50 miles or more)	
Cost of Commercial Movers	
Truck, Trailer Rental	
Road tolls	
Lodging en route (do not include meals)	
Automobile Travel	
Other: _____	
Other: _____	



## HOME SALE-PURCHASE

HOME SOLD	
Address:	
Date Purchased	/ /
Purchase Price (including costs & fees)**	
Gain Deferred from Prior Property or Residence(s)**	
<b>**If you sold a home prior to this one, the information required on these two lines will be on Form 2119 in the year of sale.</b>	
Improvements (not maintenance) on Home Sold	
Date of Sale	/ /
Sales Price (provide closing escrow statement) 	
Sales Expenses (provide closing escrow statement)	
<input type="checkbox"/> <input checked="" type="checkbox"/> if you owned and used the property as your primary residence two of the prior 5 years <input type="checkbox"/> <input checked="" type="checkbox"/> if your spouse owned and used the property as his/her primary residence two of the prior 5 years <input type="checkbox"/> <input checked="" type="checkbox"/> if this residence or any part of this home was rented or used for business purposes. <input type="checkbox"/> <input checked="" type="checkbox"/> if this home was acquired in exchange for a business or investment property after 5/6/97.	

## "OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. Beginning in 1999, a home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business.

Total Square Feet of Home	
Total Square Feet Used for Office	
Total Square Feet Used for Storage	
Rent	Utilities
Insurance	Condo/Assoc. Dues
Home Repairs	Office Repairs