

TAX DEDUCTIONS FOR MEDICAL PROFESSIONALS

AUTO TRAVEL:

Between Medical Facilities _____ miles
 Continuing Education _____ miles
 Out-of-Town Business Trips _____ miles
 Patient Meetings/House Calls _____ miles
 Other: _____ miles

Fuel \$ _____
 Parking Fees \$ _____
 Repairs/Maint. \$ _____
 Other: _____ \$ _____
 Other \$ _____

PROFESSIONAL DUES:

Medical Association Dues \$ _____
 Professional Association Dues \$ _____
 Union Dues \$ _____
 Other: _____ \$ _____

LEGAL & PROFESSIONAL SERVICES:

Accounting Fees \$ _____
 Attorney Fees \$ _____
 Consulting Fees \$ _____
 Legal Fees \$ _____
 Referral Fees \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

OUT OF TOWN TRAVEL:

Airfare \$ _____
 Bus & Subway \$ _____
 Car Rental \$ _____
 Parking \$ _____
 Taxi \$ _____
 Laundry \$ _____
 Lodging \$ _____
 Meals \$ _____
 Tips \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

HOME OFFICE EXPENSE:

Home Insurance \$ _____
 Mortgage Interest \$ _____
 Property Taxes \$ _____
 Repairs/Maintenance \$ _____
 Supplies \$ _____
 Utilities \$ _____
 Electric \$ _____
 Gas \$ _____
 Water \$ _____

Other: _____ \$ _____
 Other: _____ \$ _____

SUPPLIES & OTHER EXPENSE:

Advertising \$ _____
 Bank Fees \$ _____
 Business Meals & Entertainment \$ _____
 Business Cards \$ _____
 Computer Software & Supplies \$ _____
 Gifts \$ _____
 Liability Insurance \$ _____
 Malpractice Insurance \$ _____
 Medical Bag \$ _____
 Medical Magazine Subscriptions \$ _____
 Office Supplies \$ _____
 Postage and Shipping \$ _____
 Rent \$ _____
 Repairs & Maintenance \$ _____
 Stationery \$ _____
 Uniforms \$ _____
 Uniform Upkeep \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

EDUCATION EXPENSE:

Course Fees \$ _____
 Materials/Textbooks \$ _____
 Seminar Fees \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

FURNITURE & EQUIPMENT:

Answering Machine \$ _____
 Computer \$ _____
 Copy Machine \$ _____
 Fax Machine \$ _____
 Medical Equipment \$ _____
 Office Furniture/Fixtures \$ _____
 Pager \$ _____
 Recorder \$ _____
 Scanner \$ _____
 Telephone \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

COMMUNICATION EXPENSE:

Cell Phone Service \$ _____
 Fax Transmissions \$ _____
 Internet Access \$ _____
 Paging Services \$ _____
 Other: _____ \$ _____