# STOP!!!

Only fill out this worksheet if you are a <u>self-employed Medical</u> <u>Professional</u> and do not receive a W2 for your work!

# OR

If you receive W2 income in one of the following states: AL, AK, CA, HI, IA, MN, NY, & PA as Medical Professional!

## **Notes for special Situations:**

- If you are both self-employed AND receive a W2 as a
   Medical Professional from one of the above mentioned states You must complete two copies
   separating self-employment expenses and travel from W2
   expenses and travel.
- If both you and your spouse are self-employed Fill out a separate worksheet for each of your businesses. If you have some shared expenses, like internet access for example, just write the word "shared" or "both" next to the expense
- If you have an expense that relates to your W-2 work and your non-W-2
  - **self-employment** Fill in only the amount that applies to your self-employment, or if unsure how to allocate just put a ? besides the number and we'll review it with you.
- Do not send receipts with your worksheets. Keep them in your file at home

#### Tax Year \_\_\_\_\_ Matthew Lincoln, EA Ryan Jenkins, EA 301-371-5104 (Phone) 888-897-4080 (Fax) office@lincolntax.com **Medical Employee Expense Worksheet** We need the following items to prepare your tax return. List all non reimbursed business expenses. Income Received (the total of ALL Non-W2 income): \$ **General Expenses** Cost Cost Tax Preparation Internet Access Personal land line phone (Total Year) Cell Phone (Total Year, Your Line Only) % % What % do you use land line for business? What % do you use cell phone for business? **Business Insurance** (Not vehicle or health) Cost Cost Liability Insurance Workman's Compensation Insurance **Supplies** Related Related Cost Cost Mileage Mileage **Books and Publications** Office Supplies (Tape, Staples, Etc) Flashlight and Batteries Office Decor **Incidental Supplies** Medical Disposable Supplies (Kleenex, First Aid, Etc) \$ \$ \$ List each item over \$2,500 separately. Combine smaller items. **Computer and Other Equipment** Related Related Cost Cost Mileage Mileage Small Tech & Equipment \$ (Total all items under \$2,500) Computer Software / Upgrades (Include Anti-virus - Security)

Taxpayer's Name

<u>\_\_\_\_</u>\_\_\_\_

Web/Domain Fees

Lincoln Tax Professionals, LLC

<b>Professional Exper</b>	<u>1ses</u>	~	Related			<b>a</b> .	Related
		Cost	Mileage			Cost	Mileage
Business Meals Local		\$		Uniform Cost		\$	
Meeting Expenses	\$_			Uniform Cleaning		\$	
Business Meals Overr	night (See Travel	Chart)		Job Hunting or Portfoli	o Expenses	\$	
Business Gifts (\$25/pe	erson/year) \$_					\$	
Equipment Repair	\$_	·				\$	
Maps and GPS							
	\$_						
Continuing Educat	tion & Gradua  Tuition Paid By		Tuition Reimbursed	Books and Supplies	# of Trips	Mile:	age One Way
Spring	\$		\$	\$			
Summer	\$		\$	\$			
Fall	\$		\$	\$			
Other	\$		\$	\$			
Other Mileage – If  Meetings and Training		has ha	<b>as multiple vehicle</b> Related Mileage	s please ask us for ou	ır Vehicle Ch	art	Related Mileage
Site to Site Miles							
Miles from 1 <sup>st</sup> Job to 2	2 <sup>nd</sup> Job						
Total vehicle mileage (Odometer on Dec 31			n 1) ———	Total miles spent or Office Use Only			

## **Travel Chart** Category expenses should be totaled per trip

# of <u>DAYS</u> Gone Over Night	City/State	Expenses from Plane, Train, Subways, Rental Car, Taxi, Uber, Lyft	Lodging Expenses	Tolls Parking	Miles Driven in Personal Vehicle	Amounts Reimbursed , If Any, or NONE	Office Use Only
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	

## **Office in Home**

Not everyone qualifies to take an office in home deduction. You must work from home for the <u>convenience of your employer</u> AND <u>not have a dedicated office space</u> you could go in and work at. Ask us if you think you qualify.

Mortgage	Bring your End of Year 1098 Mortgage Statement
Total Rent Paid For the Year	\$
Homeowners/Renters Insurance	\$
HOA/Condo Association Fees	\$
Trash Pick-up	\$
Security	\$
Square footage of office space (including storage)	FT <sup>2</sup>

Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Repairs & Maintenance to the office space	\$
Repairs & Maintenance to your home	\$
Improvements to the office space	\$
Improvements to your home	\$

Square footage of the finished space in your home including the office space.	FT <sup>2</sup>
-------------------------------------------------------------------------------	-----------------

If you move during the year please separate your Home Offices

Mortgage NEW HOME	Bring your End of Year 1098 Mortgage Statement
Total Rent Paid For the Year	\$
Homeowners/Renters Insurance	\$
HOA/Condo Association Fees	\$
Trash Pick-up	\$
Security	\$
Square footage of office space (including storage)	FT <sup>2</sup>

Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Repairs & Maintenance to the office space	\$
Repairs & Maintenance to your home	\$
Improvements to the office space	\$
Improvements to your home	\$

Square footage of the finished space in your home including the office space.	$FT^2$
-------------------------------------------------------------------------------	--------

Other Issues		
Owner's Post Tax Health Insurance	\$	
Fringe Benefit Programs & Emp  Code Sec 105 Approval Form Pension Contributions Pension Type	loyee Compensation  \$	HSA Contributions Complete copy of Payroll if we do not prepare your payroll (Forms W-3, W-2, 941 / 944 / 946 SUTA, FUTA, year end payroll journal)
If these are not currently in place, are a season.	appropriate and you qualify, we	will set up a separate appointment to discuss after the tax
Other Expenses – Expenses you'r	re not sure where to categor Cost	ize or not sure if you can deduct  Cost
	<u> </u>	\$
	\$	\$
	\$	\$
	 \$	\$
	 \$	
	 \$	\$
	 \$	\$
	 \$	\$
		\$
	 \$	
-	 \$	
	Ψ	Ψ

**Additional Notes or Questions:**