

CODE- 4 TAX SERVICES

MAILING ADDRESS: 22431 Antonio Parkway B160-482, RSM, CA 92688 * 949-364-2121 * www.code-4tax.com * Fax 877-794-9998

NURSE AND MEDICAL PROFESSIONAL DEDUCTIONS FOR TAX YEAR: _____

This form is to be used in conjunction with the General Information Worksheet. Please complete all information as thoroughly as possible. If sending supporting documentation, send photocopies only. Keep all receipts and documentation used to prepare this form in a safe location for 5-7 years. Please write legibly. Use separate sheet if needed.

NAME: _____ NEW CLIENT _____ RETURNING CLIENT _____ ADDRESS CHANGED? Y _____ N _____
ADDRESS: _____ PHONE: _____ E-MAIL: _____

PROFESSIONAL DUES

Union dues _____
Professional/trade Assoc. _____
Other associations _____
License renewals _____
Malpractice Insurance _____

TOTAL _____

UNIFORMS

White shoes _____
Scrubs _____
Labcoats _____
Dry cleaning/laundry _____
Other _____

TOTAL _____

JOB SEEKING EXPENSES

Airfare/auto rental _____
Lodging/parking _____
Resume/transcripts _____
of nights away _____
Meals _____

SUBSCRIPTIONS / PUBLICATIONS

Magazines/subscriptions _____
Reference books _____
Software/downloads/apps _____
Training materials _____

TOOLS / SUPPLIES

Stethoscope/medical equip. _____
Notebooks/pens _____
Batteries _____
Locker supplies _____
Other/miscellaneous _____
Cell phone purchase _____
 % business usage _____
Cell phone service _____
Internet service _____
 % business usage _____
Laptop/computer/tablet _____
 % business usage _____
Computer/cell supplies _____

OTHER WORK-RELATED EXPENSES

Please indicate any other work-related expenses not covered elsewhere:

Code-4 Tax Services e-file & payment policy:
Returns will be e-filed at no extra charge. E-files will not be submitted until signed acknowledgment & payment are received. Payment can be made by cash, check, Visa, Mastercard, Discover, American Express or Square Cash transfer. Mail-in Clients: a secure pay link will be sent to you if you prefer to pay by credit card.

EDUCATION/TRAINING/ CONFERENCE EXPENSES

(Attach any 1098-T's received)

Books, papers, pens _____
Parking fees _____
Registration/tuition _____
Hotel/out of pocket _____
Conference travel _____
Miles driven _____

Non-work-related education for Dependents/ Spouse:
Books _____
Tuition/fees _____

AUTO MILEAGE

(Indicate if miles are by week, month or year)

Commuting _____ per _____
Non-Business/Personal miles _____

Business:
Dry cleaners (uniforms) _____ per _____
Overtime/other asgnmts _____ per _____
(Note: OT must be at a diff. work location)
Uniform/Equip. stores _____ per _____
Job-seeking _____ per _____
Education Miles _____ per _____