

CODE- 4 TAX SERVICES

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

PROFESSIONAL EDUCATOR/TEACHER 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 associations _____
 Other associations _____
 Prof. license renewals _____
 Professional insurance _____

CLASSROOM EQUIPMENT / SUPPLIES

Equipment:
 Laptop/computer _____
 Ipad/Ipod/Tablet _____
 Accessories _____
 Projector/display equipment _____
 Camera & equipment _____
 Accessories & supplies _____
 Other supplies:
 Lab ear/eye protection _____
 Gloves/protective wear _____
 Carry cart/supply organizers _____
 Classroom supplies _____
 Classroom organizers/furn. _____
 Daytimer/planner _____
 Printing/copies/binding _____
 Software _____
 DVDs/CDs/Tapes _____
 Books for classroom _____
 Other/miscellaneous _____

EDUCATION/TRAINING/ CONFERENCE EXPENSES

(Attach any 1098-T Forms received.)

Is education work-related? Y _____ N _____
 Books, papers, pens _____
 Parking fees _____
 Tuition/Registration/fees _____
 Hotel/out of pocket _____
 Lab fees/supplies _____

UNIFORMS/SCHOOL SPIRIT WEAR

(Note: this category is only deductible if the clothing items are logo'd or designed such that it is not reasonable to wear them outside of work.)

Boots/shoes _____
 Lab jackets/smocks _____
 Logo shirts/hats _____
 Dry cleaning/laundry _____
 (include uniforms/logo wear only)
 School Uniforms _____
 Tailoring/alterations _____

(Note: please indicate if education expenses are for spouse or dependent. If more than one person, list costs separately for each person.)

AUTO MILEAGE

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

Commuting _____ per _____
 Non-Business/Personal miles _____

SUBSCRIPTIONS / PUBLICATIONS

Magazines/subscriptions _____
 Teaching journals/resources _____
 Reference books _____
 Software/downloads _____
 Training materials _____
 Apps _____

Business:
 Meetings/other asgnmts _____ per _____
 Supplies stores _____ per _____
 Job-seeking _____ per _____
 Education Miles _____ per _____
 Conference Miles _____ per _____

JOB SEEKING EXPENSES

Airfare/auto rental _____
 Lodging/parking _____
 Resume/transcripts _____
 Meals _____

Were any of the items above reimbursed or did you receive any stipends, grants or other money used to purchase these items?
 Y _____ N _____

If Yes, what amount did you receive? \$ _____

HOME OFFICE

Please use the Home Office Worksheet

Cell phone purchase _____
 Percentage business use _____ %
 Cell phone service _____
 Cell phone accessories _____
 Internet service (total per yr) _____
 Percentage business use _____ %

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.