

CODE- 4 TAX SERVICES

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

FIREFIGHTERS/PARAMEDICS DEDUCTIONS FOR TAX YEAR: _____

This form is to be used in conjunction with the General Tax Information Form. 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 org/assoc _____
Prof. license renewals _____
House dues _____
Mandatory mess _____
(must be required to contribute to)

UNIFORMS

Boots/shoes _____
Class A, B, C _____
Department shirts/hats _____
Dry cleaning/laundry _____
(include uniforms only)
Rescue/Utility Gloves _____
Belt/Buckle _____
Suspenders _____
Patches/Rank insignia _____
Tailoring/alterations _____
Tie/tie bar/name tags _____
Thermals _____
Training shorts/shoes _____
Other _____

WILDLAND/24-HOUR GEAR

Brush boots _____
Belt/Webgear _____
Wildland apparel _____
Wildland tools _____
Gear bag _____
Toiletries/bag _____
Sleeping bag/pad _____
Firebag _____
Other _____

SUBSCRIPTIONS / PUBLICATIONS

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

PARAMEDIC EXPENSES

Medical tools & supplies _____
Medical equipment _____
Other _____

JOB SEEKING EXPENSES

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

EDUCATION/CONFERENCE/

TRAINING EXPENSES

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

OTHER EXPENSES

Ammo/range fees _____
Weapon _____
Physical training _____
PT gear/eqpt/supplies _____

TOOLS / SUPPLIES/EQUIPMENT

Flashlight/tactical light _____
Binoculars _____
Briefcase/carrying case _____
Digital camera/memory _____
Camera accessories _____
Ear/eye protection _____
Radio clips _____
Tools for turnout coats _____
Locks/locker supplies _____
Pads/pens _____
Shoe shines/supplies _____
Other/miscellaneous _____
Bluetooth _____
Axe/scabbard _____
First Aid kit/supplies _____
Flashlight/charger _____
Knife/tool _____
Wirecutters/pouch _____
Carabiners _____
Seatbelt cutters _____
Rescue harness _____
Forcible entry tools _____
Helmet/liner _____

Cell phone purchase _____
Percentage business use _____ %
Cell phone service _____
Cell phone accessories _____
Ipad/Tablet _____
Flash drive _____
Computer/laptop _____
Percentage business use _____ %
Internet service _____
Percentage business use _____ %

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)
Training/conference _____ per _____
Physical training _____ per _____
Uniform/Equip. stores _____ per _____
Job-seeking _____ per _____
Education Miles _____ per _____

MISCELLANEOUS

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

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.