Employee Business Expenses

► See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 129

Social security number

Department of the Treasury Internal Revenue Service (99) Your name

Occupation in which you incurred expenses

| Pa | tt I Employee Business Expenses and Reimbursement | ts | | | | | |
|-----|--|----------------------------|--|-----------|--|------|--|
| Ste | Step 1 Enter Your Expenses | | Column A Other Than Meals and Entertainment | | Column B Meals and Entertainment | | |
| 1 | Vehicle expense from line 22c or line 29. (Rural mail carriers: See | 1 | | | | | |
| 2 | instructions.) Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work | 2 | | | | | |
| 3 | Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | 3 | | | | | |
| 4 | Business expenses not included on lines 1 through 3. Do not include meals and entertainment | 4 | | | | | |
| 5 | Meals and entertainment expenses (see instructions) | 5 | | | | | |
| 6 | Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 | 6 | | | | | |
| | Note: If you were not reimbursed for any expenses in Step 1, s | skip lir | ne 7 and enter the a | mount fro | om line 6 on lin | e 8. | |
| 7 | Enter reimbursements Received From Your Employ Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) p 3 Figure Expenses To Deduct on Schedule A (Form 10) | 7 | | in Step | 1 | | |
| 8 | Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8) | 8 | | | | | |
| | Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return. | | | | | | |
| 9 | In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) | 9 | | | | | |
| 10 | Add the amounts on line 9 of both columns and enter the total her Schedule A (Form 1040), line 21 (or on Schedule A (Form 104 qualified performing artists, fee-basis state or local government of disabilities: See the instructions for special rules on where to enter | IONR) , ficials, | , line 9). (Reservists, and individuals with | 10 | | | |

Form 2106 (2008) Page **2**

| | t II Vehicle Expenses | | | | | | | | | |
|--|--|----------|-----------------------|------------|-----------|-------|--------------------|---------------|------------------|-------|
| Section A—General Information (You must complete this section if you (a) Vehicle 1 (b) Vehicle 2 | | | | | | | | | | |
| are | claiming vehicle expenses.) | | | | | | (a) Verlicie | ' | (b) Verlicie | |
| 11 | Enter the date the vehicle was pl | aced | in service | | | 11 | / / | | / / | |
| 12 | Total miles the vehicle was driver | | | | | 12 | | miles | | miles |
| 13 | Business miles included on line 1 | 2 . | | | | 13 | | miles | | miles |
| 14 | Percent of business use. Divide I | | | | | 14 | | % | | % |
| 15 | Average daily roundtrip commuting | ng dis | tance | | | 15 | | miles | | miles |
| 16 | Commuting miles included on line | _ | | | | 16 | | miles | | miles |
| 17 | Other miles. Add lines 13 and 16 | and s | subtract the total fr | om line 12 | | 17 | | miles | | miles |
| 18 | Was your vehicle available for pe | rsona | I use during off-dut | y hours? | | | | | . 🗌 Yes 🗀 | No |
| 19 | Do you (or your spouse) have an | | | | | | | | . 🗌 Yes 🗀 | No |
| 20 | Do you have evidence to support | t your | deduction? | | | | | | · 🗌 Yes 🗀 | No |
| 21 | If "Yes," is the evidence written? | | | | | | | | . 🗌 Yes 🗀 | No |
| Sect | tion B—Standard Mileage Rate (| | | | | hethe | er to complete the | nis se | ction or Section | (C.) |
| 22a | | | | | | | | | | |
| b | Multiply business miles driven af | | | | | | | | | |
| | Add lines 22a and 22b. Enter the | resul | | | | | | 22c | | |
| <u>Sec</u> | tion C—Actual Expenses | | (a) | Vehicle 1 | | | | (b) Ve | hicle 2 | 1 |
| 23 | Gasoline, oil, repairs, vehicle | | | | | | | | | |
| | insurance, etc | 23 | | | | | | Г | | |
| 24a | Vehicle rentals | 24a | | | | | | | | |
| b | Inclusion amount (see instructions) . | 24b | | | | Г | | | | 1 |
| С | Subtract line 24b from line 24a . | 24c | _ | | | | | | | |
| 25 | Value of employer-provided | | | | | | | | | |
| | vehicle (applies only if 100% of | | | | | | | | | |
| | annual lease value was included | | | | | | | | | |
| | on Form W-2—see instructions) | 25 | - | | | | | | | |
| 26 | Add lines 23, 24c, and 25 | 26 | - | | | | | | | |
| 27 | Multiply line 26 by the | | | | | | | | | |
| | percentage on line 14 | 27 | - | _ | | | | | | |
| 28 | Depreciation (see instructions) . | 28 | - | _ | | | | | | |
| 29 | Add lines 27 and 28. Enter total | | | | | | | | | |
| | here and on line 1 | 29 | | | . 1. 1. 1 | | | 0 1 | | |
| Sec | tion D—Depreciation of Vehicles | Use t | | | /enici | e and | | | | cie.) |
| | | | (a) | Vehicle 1 | | | | (b) ve | hicle 2 | |
| 30 | Enter cost or other basis (see | | | | | | | | | |
| | instructions) | 30 | | | | l | | | | 1 |
| 31 | Enter section 179 deduction | | | | | | | | | |
| | and special allowance (see | 21 | | | | | | | | |
| | instructions) | 31 | | | | | | Π | | |
| 32 | Multiply line 30 by line 14 (see | | | | | | | | | |
| | instructions if you claimed the | | | | | | | | | |
| | section 179 deduction or | 32 | | | | | | | | |
| 00 | special allowance) | - 02 | | | | | | | | |
| 33 | Enter depreciation method and | 33 | | | | | | | | |
| 0.4 | percentage (see instructions) . | | | | | | | | | |
| 34 | Multiply line 32 by the percentage on line 33 (see instructions) | 34 | | | | | | | | |
| 25 | Add lines 31 and 34 | 35 | - | | | | | | | |
| 35 26 | | | | | | | | | | |
| 36 | Enter the applicable limit explained in the line 36 instructions | 36 | | | | | | | | |
| 27 | | | | | | | | | | |
| 37 | Multiply line 36 by the percentage on line 14 | 37 | | | | | | | | |
| 38 | Enter the smaller of line 35 | <u> </u> | | | | | | | | |
| 00 | or line 37. If you skipped lines | | | | | | | | | |
| | 36 and 37, enter the amount | | | | | | | | | |
| | from line 35. Also enter this | | | | | | | | | |
| | amount on line 28 above | 38 | | | | | | | | |