

## MEDICAL PROFESSIONAL DEDUCTIONS

Client: \_\_\_\_\_

ID# \_\_\_\_\_

Tax Year \_\_\_\_\_

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

| Uniforms              |  |
|-----------------------|--|
| Alterations & repairs |  |
| Dry cleaning          |  |
| Hat, cap              |  |
| Laundry               |  |
| Pants                 |  |
| Scrubs                |  |
| Shoes                 |  |
| Other _____           |  |
| Other _____           |  |
| Total                 |  |

| Professional             |  |
|--------------------------|--|
| Alumni dues              |  |
| Medical Association dues |  |
| Professional dues        |  |
| Referral service         |  |
| Subscriptions            |  |
| Union dues               |  |
| Other _____              |  |
| Other _____              |  |
| Total                    |  |

| Continuing Education   |  |
|------------------------|--|
| Correspondence courses |  |
| Lab fees               |  |
| Materials & supplies   |  |
| Photocopy              |  |
| Reference material     |  |
| Registration fees      |  |
| Seminars               |  |
| Transcripts            |  |
| Tuition                |  |
| Textbooks              |  |
| Other _____            |  |
| Other _____            |  |
| Other _____            |  |
| Total                  |  |

| Vehicle & Travel                              |  |
|---|--|
| See Vehicle, Travel & Entertainment Worksheet |  |

| Supplies             |  |
|----------------------|--|
| Bag - medical        |  |
| Briefcase            |  |
| Business cards       |  |
| Medical equipment    |  |
| Office supplies      |  |
| Pager, beeper        |  |
| Equipment repairs    |  |
| Stationary           |  |
| Tape recorder, tapes |  |
| Other _____          |  |
| Other _____          |  |
| Other _____          |  |
| Total                |  |

| Other Expenses        |  |
|-----------------------|--|
| Malpractice insurance |  |
| Legal fees            |  |
| Liability insurance   |  |
| Other _____           |  |
| Other _____           |  |
| Total                 |  |

| Telephone         |  |
|-------------------|--|
| 2nd Line          |  |
| Long distance     |  |
| Pay phone         |  |
| Cellular          |  |
| Answering machine |  |
| Fax line          |  |
| Other _____       |  |
| Total             |  |

| Other Information |  |
|-------------------|--|
|                   |  |
|                   |  |
|                   |  |

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