

# STOP!!!

Only fill out this worksheet if you are a self-employed Medical Professional and do not receive a W2 for your work!

## OR

If you receive W2 income in one of the following states:  
AL, AK, CA, HI, IA, MN, NY, & PA as Medical Professional!

### Notes for special Situations:

- **If you are both self-employed AND receive a W2 as a Medical Professional from one of the above-mentioned states** - You **must** complete two copies separating self-employment expenses and travel from W2 expenses and travel.
- **If both you and your spouse are self-employed** - Fill out a separate worksheet for each of your businesses. If you have some shared expenses, like internet access for example, just write the word "shared" or "both" next to the expense
- **If you have an expense that relates to your W-2 work and your non-W-2 self-employment** - Fill in only the amount that applies to your self-employment, or if unsure how to allocate just put a ? besides the number and we'll review it with you.
- Do not send receipts with your worksheets. Keep them in your file at home

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Taxpayer's Name \_\_\_\_\_

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

**Medical Employee Expense Worksheet**

We need the following items to prepare your tax return . List all non reimbursed business expenses.

**Income Received (the total of ALL Non-W2 income): \$** \_\_\_\_\_

**General Expenses**

	Cost		Cost
Tax Preparation	\$ _____	Internet Access	\$ _____
Personal land line phone (Total Year)	\$ _____	Cell Phone (Total Year, Your Line Only)	\$ _____
What % do you use land line for business?	_____ %	What % do you use cell phone for business?	_____ %

**Business Insurance (Not vehicle or health)**

	Cost		Cost
Liability Insurance	\$ _____	_____	\$ _____
Workman's Compensation Insurance	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Supplies**

	Cost	Related Mileage		Cost	Related Mileage
Books and Publications	\$ _____	_____	Office Supplies (Tape, Staples, Etc)	\$ _____	_____
Flashlight and Batteries	\$ _____	_____	Office Decor	\$ _____	_____
Incidental Supplies (Kleenex, First Aid, Etc)	\$ _____	_____	Medical Disposable Supplies	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

**Computer and Other Equipment**

List each item over \$2,500 separately. Combine smaller items.

	Cost	Related Mileage		Cost	Related Mileage
Small Tech & Equipment (Total all items under \$2,500)	\$ _____	_____	_____	\$ _____	_____
Computer Software / Upgrades (Include Anti-virus - Security)	\$ _____	_____	_____	\$ _____	_____
Web/Domain Fees	\$ _____	_____	_____	\$ _____	_____

**Professional Expenses**

	Cost	Related Mileage		Cost	Related Mileage
Business Meals Local	\$ _____	_____	Uniform Cost	\$ _____	_____
Meeting Expenses	\$ _____	_____	Uniform Cleaning	\$ _____	_____
Business Meals Overnight (See Travel Chart)			Job Hunting or Portfolio Expenses	\$ _____	_____
Business Gifts (\$25/person/year)	\$ _____	_____		\$ _____	_____
Equipment Repair	\$ _____	_____		\$ _____	_____
Maps and GPS	\$ _____	_____		\$ _____	_____
_____	\$ _____	_____		\$ _____	_____
_____	\$ _____	_____		\$ _____	_____
_____	\$ _____	_____		\$ _____	_____

**Continuing Education & Graduate School**

	Tuition Paid By You	Tuition Reimbursed	Books and Supplies	# of Trips	Mileage One Way
Spring	\$ _____	\$ _____	\$ _____		
Summer	\$ _____	\$ _____	\$ _____		
Fall	\$ _____	\$ _____	\$ _____		
Other	\$ _____	\$ _____	\$ _____		

**Other Mileage – If your business has multiple vehicles please ask us for our Vehicle Chart**

	Related Mileage	Related Mileage
Meetings and Training	_____	_____
Site to Site Miles	_____	_____
Miles from 1 <sup>st</sup> Job to 2 <sup>nd</sup> Job	_____	_____
_____	_____	_____

**Total vehicle mileage for the whole year**  
(Odometer on Dec 31 minus Odometer on Jan 1) \_\_\_\_\_

Total miles spent on regular daily commute \_\_\_\_\_

***Office Use Only – Total Related Mileage***



**Other Issues**

Owner's Post Tax Health Insurance \$ \_\_\_\_\_

**Fringe Benefit Programs & Employee Compensation**

\_\_\_\_\_ Code Sec 105 Approval Form \_\_\_\_\_  
\_\_\_\_\_ Pension Contributions \$ \_\_\_\_\_  
\_\_\_\_\_ Pension Type \_\_\_\_\_

\_\_\_\_\_ HSA Contributions  
\_\_\_\_\_ Complete copy of Payroll if we do not prepare  
your payroll (Forms W-3, W-2, 941 / 944 / 940,  
SUTA, FUTA, year end payroll journal)

If these are not currently in place, are appropriate and you qualify, we will set up a separate appointment to discuss after the tax season.

**Other Expenses – Expenses you're not sure where to categorize or not sure if you can deduct**

	Cost		Cost
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Additional Notes or Questions:**