Employee Business Expenses

► See separate instructions.

► Attach to Form 1040.

OMB No. 1545-0139 Attachment

Department of the Treasury Internal Revenue Service (98) Your name

Social security number

Sequence No. 54 Occupation in which you incurred expenses

	Employee Business Expenses and Reimbursement								
STED 1 Enter Vour Expenses				Column A			Column B Meals and Entertainment		
STEP 1 Enter Your Expenses			Other Than Meals and Entertainment						
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1							
2	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	kip lir	ne 7 an	d enter	the am	ount	from line 6 on lin	e 8.	
STE	EP 2 Enter Reimbursements Received From Your Employ	er fo	r Expe	enses Li	sted ii	n STI	EP 1		
7	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 13 of your Form W-2 (see instructions)	7							
STI	EP 3 Figure Expenses To Deduct on Schedule A (Form 10)40)							
8	Subtract line 7 from line 6	8							
•	Note: If both columns of line 8 are zero, stop here. If Column A is less than zero, report the amount as income on Form 1040, line 7.								
9	In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). If either column is zero or less, enter -0- in that column. (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses by 55% (.55) instead of 50%. For more details, see instructions.)	9							
10	Add the amounts on line 9 of both columns and enter the total her Schedule A (Form 1040), line 20. (Fee-basis state or local gov performing artists, and individuals with disabilities: See the instruwhere to enter the total.)	ernme	ent offic	cials, qua	lified	10			

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Part II Vehicle Expenses (See instructions to find out which sections to complete.)

Section A—General Information						(a) Vehicle 1		(b) Vehicle 2		
										11 12 13 14 15 16 17 18 19 20 21
Sec	tion B—Standard Mileage Ra	te								
22	Multiply line 13 by 321/2¢ (.325). E	Enter t	he result here an	d or	n line 1			22		
Section C—Actual Expenses			(a) Vehicle 1				(b) Vehicle 2			
23 24a b c	Gasoline, oil, repairs, vehicle insurance, etc	23 24a 24b 24c								
25 26	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) Add lines 23, 24c, and 25	25 26								
27	Multiply line 26 by the percentage on line 14	27								
28 29	Depreciation. Enter amount from line 38 below Add lines 27 and 28. Enter total	28								
	here and on line 1	29								
Sec	ction D—Depreciation of Vehi	cles	(Use this sectio	n o	nly if you own t	the v	ehicle.)			
			(a	(a) Vehicle 1			(b) Vehicle 2			
30	Enter cost or other basis (see instructions)	30								
31	Enter amount of section 179 deduction (see instructions) .	31								\perp
32	Multiply line 30 by line 14 (see instructions if you elected the section 179 deduction)	32			_					
33	Enter depreciation method and percentage (see instructions) .	33								
34	Multiply line 32 by the percentage on line 33 (see instructions)	34								
35	Add lines 31 and 34	35								
36	Enter the limit from the table in the line 36 instructions	36								
37	Multiply line 36 by the percentage on line 14	37								
38	Enter the smaller of line 35 or line 37. Also, enter this amount on line 28 above	38								