

MEDICAL OR DENTAL PROFESSIONAL EXPENSES WORKSHEET

(USE LAST YEAR'S RETURN AS A GUIDE)

NAME: _____ 20 _____

UNIFORMS (NOT FOR GENERAL WEAR):

New Uniforms\$ _____

New Scrubs.....\$ _____

Laboratory Coats\$ _____

Nylons\$ _____

Shoes\$ _____

Patches and Nameplates\$ _____

Cleaning of Uniforms\$ _____

Uniform Repair.....\$ _____

Other Uniform Expense (Specify): _____ \$ _____

EQUIPMENT:

Watch with Second Hand\$ _____

Watch Repair.....\$ _____

Stethoscope.....\$ _____

Other Equipment Expense (Specify): _____ \$ _____

Professional Organizations/Associations Membership Fees.\$ _____

Malpractice Insurance.....\$ _____

Professional License Renewal Fee.....\$ _____

EDUCATION AND TRAINING EXPENSES:

Tuition.....\$ _____

Seminar Fees\$ _____

Books and Supplies\$ _____

Parking Fees While Attending Classes\$ _____

Travel for Education..... _____ Miles Driven

OTHER EXPENSES (Specify): _____ \$ _____

_____ \$ _____

_____ \$ _____