## **Employee Business Expenses**

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

OMB No. 1545-0074 Attachment Sequence No.

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

Occupation in which you incurred expenses | Social security number

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Pa	Employee Business Expenses and Reimbursements									
Ste	Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B  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 <b>did not</b> involve overnight travel or commuting to and from work .	2								
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .									
4	Business expenses not included on lines 1 through 3. <b>Do not</b> include	3		-						
•	meals and entertainment	4								
5	Meals and entertainment expenses (see instructions)	5								
	<b>Total expenses.</b> 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, skip line 7 and enter the amount from line 8.									
7	Enter reimbursements received from your employer that were <b>not</b> 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)	7								
Ste	p 3 Figure Expenses To Deduct on Schedule A (Form 1040 or	r Fori	n 1040NR)							
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								
	<b>Note:</b> If <b>both columns</b> 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 here <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040)</b> reservists, qualified performing artists, fee-basis state or local government with disabilities: See the instructions for special rules on where to enter	NR), li nent o	ne 7). (Armed Forces	;						

Part	-							
	on A—General Information (You mu	st cor	mplete this section if	you		(a) Vehicle 1	<b>(b)</b> Vel	hicle 2
	aiming vehicle expenses.)						<b></b> ,	
11	Enter the date the vehicle was place				11		<del></del>	
12	Total miles the vehicle was driven d	_			12	miles		mile
13					13	miles		mile
14	Percent of business use. Divide line	_			14	%		9/
15	Average daily roundtrip commuting				15	miles	+	mile
16	Commuting miles included on line 1 Other miles. Add lines 13 and 16 an				16	miles		mile
17					17	miles		miles
18	Was your vehicle available for person							☐ No
19	Do you (or your spouse) have anoth		•					□ No □ No
20 21	Do you have evidence to support you if "Yes," is the evidence written? .							
	on B-Standard Mileage Rate (Se	the	instructions for Part	II to find out w	hothe	r to complete this s	ection or Se	
22	Multiply line 13 by 55.5¢ (.555). Ente							CHOIT C.)
	on C—Actual Expenses	51 LITE		ehicle 1	· · ·		Vehicle 2	
23	Gasoline, oil, repairs, vehicle		(α) τ			(3)	VOI IIOIO Z	
	insurance, etc	23						
24a	Vehicle rentals	24a						
b	Inclusion amount (see instructions) .	24b		-			-	
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle					-		
23	(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						
Section	on D-Depreciation of Vehicles (Us		section only if you o	wned the vehic	le and	are completing Sec	tion C for the	e vehicle.)
	(**		(a) Vehi				Vehicle 2	
30	Enter cost or other basis (see							
	instructions)	30						
31	Enter section 179 deduction and							
	special allowance (see instructions)	31						
32	Multiply line 30 by line 14 (see							
<b>-</b>	instructions if you claimed the							
	section 179 deduction or special							
	allowance)	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 applicable limit explained							
	in the line 36 instructions	36						
37	Multiply line 36 by the percentage							
	on line 14	37						
38	Enter the <b>smaller</b> of line 35 or line							
	37. If you skipped lines 36 and 37,							
	enter the amount from line 35.							
	Also enter this amount on line 28 above							
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