Form **2106**

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

Occupation in which you incurred expenses

OMB No. 1545-0074

Attachment Sequence No. **129**

Social security number

Department of the Treasury Internal Revenue Service

Your name

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form2106 for instructions and the latest information.

| Pa | Employee Business Expenses and Reimbursements | | | | | | | | | |
|-----|---|--------|--|-------------------|--|--|--|--|--|--|
| Ste | p 1 Enter Your Expenses | | Column A Other Than Meals | Column B Meals | | | | | | |
| 1 | Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) | 1 | | | | | | | | |
| 2 | Parking fees, tolls, and transportation, including trains, buses, etc., that didn't involve overnight travel or commuting to and from work | 2 | | | | | | | | |
| 3 | Travel expense while away from home overnight, including lodging, airfare, car rental, etc. Don't include meals | 3 | | | | | | | | |
| 4 | Business expenses not included on lines 1 through 3. Don't include meals | 4 | | | | | | | | |
| 5 | Meals 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 weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amounts from line 6 on line 8. | | | | | | | | | |
| 7 | Enter reimbursements received from your employer that weren't 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 | | | | | | | | | |
| 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 or 1040-SR, line 1 (or on Form 1040-NR, line 1a) | 8 | | | | | | | | |
| | Note: If both columns of line 8 are zero, you can't 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, see the instructions for the amount to enter | 9 | | | | | | | | |
| 10 | Add the amounts on line 9 for both columns and enter the total here. Also, enter the total (Form 1040), line 12. Employees with impairment-related work expenses, see the instron where to enter the total on your return | uction | s for rules | | | | | | | |

Form 2106 (2022) Page **2**

Part II Vehicle Expenses

| Section A—General Information (You must complete this section if you are | | | | | (a) | Vehicle 1 | (b) Vehicle 2 | | |
|--|--|------|-----------------------|--------|-----------|--------------|-----------------|----------|-------------|
| | ng vehicle expenses.) | | | 144 | , | , | . , | , | |
| 11 | Enter the date the vehicle was placed in service | | | 11 | / | / | , | <u> </u> | |
| 12 | Total miles the vehicle was driven during 2022 | | | 12 | 1 | miles | | | miles |
| 13 | | | | 13 | | miles | | | miles |
| 14 | Percent of business use. Divide line 13 by line 12 | | | 14 | | % | | | % |
| 15 | Average daily roundtrip commuting distance | | | 15 | | miles | | | miles |
| 16 | | | | 16 | | miles | | | miles |
| 17 | Other miles. Add lines 13 and 16 and subtract the | | | | | miles | | | miles |
| 18 | Was your vehicle available for personal use during off-duty hours? | | | | | | | Yes | ☐ No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? | | | | | | | Yes | ☐ No |
| 20 | Do you have evidence to support your deduction? | | | | | | | Yes | ☐ No |
| 21 | If "Yes," is the evidence written? | | | | | | | Yes | ☐ No |
| Section | on B-Standard Mileage Rate (See the instruct | ions | for Part II to find o | ut whe | ther to c | omplete this | section | or Se | ection C.) |
| 22 | Multiply line 13 by 58.5¢ (0.585) (January 1–June 3 | | | | | | | | |
| | result here and on line 1 | | | | | | 22 | | |
| Secti | on C—Actual Expenses | | | | | _ | | | |
| | | | (a) Veh | icle 1 | | (I | b) Vehic | le 2 | |
| 23 | Gasoline, oil, repairs, vehicle insurance, etc | 23 | | | | | | | |
| 24a | Vehicle rentals | 24a | | | | | | | |
| | | 24a | | | | - | | | |
| b | Inclusion amount (see instructions) Subtract line 24b from line 24a | 24b | | | | | | | |
| С | | 240 | | | | | | | |
| 25 | Value of employer-provided vehicle (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 (Use this section | only | | | ind are c | | | | e vehicle.) |
| | | | (a) Vehicle 1 | | | (1 |) Vehic | le 2 | |
| 00 | Fortage and an other basis (and instructions) | 20 | | | | | | | |
| 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 instructions if you | | | | | | | | |
| | claimed the section 179 deduction or special allowance) | 32 | | | | | | | |
| | , | 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 smaller of line 35 or line 37. If you | | | | | | | | |
| 50 | skipped lines 36 and 37, enter the amount from | 20 | | | | | | | |
| | line 35. Also enter this amount on line 28 above | 38 | | | | | | | |