

2106-EZ ATTACHMENT

Name: _____

Occupation: _____

Lodging & Meals

of nights out: _____

Hotel Expenses not reimbursed: _____

Perdiem: _____ X _____ = _____

Amount Reimbursed: _____

Total Perdiem Claimed: _____

Union Dues: _____

Cell phone or 2nd line: (business purposes) _____

Pager: _____

Internet Services: (required by employer) _____

Equipment & Supplies

Uniforms: _____

Work Shoes: _____

Equipment or supplies: _____

Continuing Education: _____

Certifications & Licenses: _____

Total for line 4: _____

Business Mileage: _____

(Outside of the commute to primary location)

Commute Miles: _____

(One way mile from home to primary location)

Personal Miles: _____

(Average miles driven per year that is not business related)