WORKSHEET

Firefighter/Paramedic Deductions

Some taxing authorities allow you to deduct expenses that are ordinary and necessary for your line of work and that help you do your job. (If your employer reimburses you and doesn't include the payment on your W-2 form, you won't be able to take a deduction for those expenses.)

Name	:		Tax Year:	
1. Telephone & Internet		5. Uniforms & Upkeep		3. Travel Costs
\$	Cell phone purchase	\$	Shirts	\$ Airfare
\$	Cell phone accessories	\$	Pants	\$ Car Rental
5	Cell phone monthly	\$	T-shirts	\$ Laundry
5	Internet monthly	\$	Sweatshirts	\$ Lodging
	Cell Phone Apps	\$	Jumpsuit/flight suit	\$ Meals
\$	Other:	\$	Jacket	\$ Parking/Tolls
		\$	Belt/attachments	\$ Uber/Lyft/Taxi
		\$	Hats	\$ Other:
2. Job Supplies/Safety Equipment		\$	Class A uniforms	Car Mileage (own vehicle)
	Strike bag/gear bag	\$	Uniform cleaning	
	Flashlight & batteries	\$	Patches/badges/name tags	
5	Knife/utility tool	\$	Uniform alterations	9. Continuing Education to Improve
<u> </u>	Camelback	\$	Boots	Maintain Present Line of Work
<u> </u>	Binoculars	\$	Boot supplies (laces, polish etc.)	\$Tuition/class fees
	Webbing/repelling gear	\$	Gloves	\$Text books/supplies
	Helmet	\$	Ties	\$Parking fees
	Turnouts	\$	Other:	\$Seminars
	Rain gear			\$Correspondence course fees
	Equipment repairs/maintenance			\$Online
	Protective eye wear/sunglasses	6. Du	ues & Work Related Publications	
	GPS	\$	Union dues	
	Office supplies/calendars	\$	Association dues	10. Certification Fees
	Sleeping bag/bedding	\$	Medical reference books	\$State
	Linens	\$	Professional magazines/journals	\$County
\$	Other:	\$	Other:	\$National Registry
				\$ Other:
. Me	dical Supplies	7. Re	quired Fitness	
	Stethoscope	\$	Gym dues	11. Mileage (own vehicle)
	BP cuff	\$	Dept. logoed P/T clothing	Continuing education (Local
	First aid kit	\$	Gym shoes	Fitness
	Trauma pack	\$	Lifting gloves	Union meeting
	Pen lights	\$	Home gym set/weights	Station to station
	Shears/scissors	\$	Weight belt	Area familiarization
	Other:	\$	Swim suit/goggles	Other:
		\$	Specialty fitness: equipment	
		\$	Specialty fitness: apparel	
. Shi	ft Expense / House Dues	\$	Other:	
	Number of 24 hour shifts			



____ Number of 12 hour shifts