

NAME: _____

HEALTHCARE PROFESSIONAL

TAX YEAR:_____

BUSINESS & PROFESSIONAL EXPENSES				
ADVERTISING / PUBLICITY / PROMOTION / PUBLIC RELATIONS				
BANK & CREDIT CARD FEES (for Business Accounts ONLY)				
BOOKS, PUBLICATIONS, & TECHNICAL LITERATURE				
BUSINESS MEALS for legitimate business discussions only				
COMPUTER & IT SERVICES				
CONTINUING EDUCATION & CONFERENCES				
DUES & PROFESSIONAL MEMBERSHIPS / LICENSING				
FEES FOR OFFICE HELP OR OUTSIDE SERVICES				
FEES - OTHER _____				
GIFTS FOR BUSINESS (max \$25 per person/couple, per year)				
INSURANCE - MALPRACTICE, OFFICE, EQUIPMENT, LIABILITY				
INTERNET SERVICES _____ X _____ % for biz =				
LAB FEES				
LEGAL & ACCOUNTING				
LINEN SERVICE				
LOCAL TRANSPORTATION (between work locations)				
LODGING AWAY on BUSINESS				
MEALS AWAY on BUSINESS overnight				
MERCHANT PAYMENT FEES				
OFFICE EQUIPMENT (Large Equip list on Sch C-2)				
OFFICE FURNISHINGS (Make list on separate sheet)				
OFFICE RENT/LEASE				
OFFICE SUPPLIES & POSTAGE				
PARKING & TOLLS				
PHOTOS & PORTFOLIOS for promotion/advertising				
REPAIRS & EQUIPMENT MAINTENENCE				
RESEARCH, SUPERVISION, & OBSERVATION				
SOFTWARE USED FOR BUSINESS				
STORAGE FACILITIES				
SUPPLIES				
TELEPHONE/CELL _____ x _____ % for biz =				
TELEPHONE - OFFICE PHONES				
TRAVEL out of town FOR BUSINESS				
WASTE DISPOSAL SERVICE				
WEBSITE MAINTENANCE				
Other:_____				

