## KevCo, Inc.

124 South Street Daytona Beach, FL 32114 386-252-6705 www.KevCo.tv / Inquiries@kevco.tv

## **List of Deductions**

All items listed are only suggestions and may or may not apply to you and your job!

| Medi         | cal Expense:  |  |  |
|--------------|---|--|--|
| 0            | Premiums ( This is for Non-PreTaxed Premiums only)  |  |  |
| 0            | Scripts   |  |  |
| 0            | Dr. Visits  |  |  |
| 0            | Dental  |  |  |
| 0            | Vision  |  |  |
| 0            | Traveled Miles  |  |  |
|              | (All of these expenses must be only out of pocket expenses, i.e. co-pays and deductibles)   |  |  |
| Taxes        | s Paid:   |  |  |
| 0            | Sales Tax:  |  |  |
|              | (Please circle one: 6.0%, 6.5%, 7.0%, 7.5%, Other)  |  |  |
| 0            | Real Estate   |  |  |
|              | This is provided on Form1098 issued to you at the end of the year, and/or listed on January and February Monthly Mortgage Statement)            |  |  |
| 0            | Auto Registration   |  |  |
| 0            | Closing Cost  |  |  |
|              | (If the home was purchased in the taxable year the closing statement must be provided.)   |  |  |
| Intere       |   |  |  |
| (Interes     | st is provided on Form 1098 issued to you at the end of the year, and/or listed on January and February's monthly mortgage statement)           |  |  |
| 0            | Home Mortgage   |  |  |
| 0            | Points  |  |  |
| 0            | Mortgage Insurance Premium  |  |  |
| 0            | Investment Interest   |  |  |
|              | nome was purchased in the taxable year the closing statement must be provided.)   |  |  |
| <u>Chari</u> |   |  |  |
| 0            | Gifts by Cash   |  |  |
| 0            | Non Cash Gift   |  |  |
|              | (Any amounts over \$500 must be accompanied by a receipt, please ask for assistance for proper values of donated items)                         |  |  |
| Un-Re        | eimbursed Employee Expenses:  |  |  |
| 0            | Educator Expenses   |  |  |
| 0            | Union Dues  |  |  |
| 0            | Professional Subscriptions  |  |  |
| 0            | Uniforms  |  |  |
| 0            | Job Search Expense  |  |  |
| 0            | Professional Upkeep   |  |  |
|              | (The requirement for a professional appearance must be specified by an Employee Manual and can include: Hair maintenance, make-up, nails, etc.) |  |  |
| 0            | Cell Phone Purchase   |  |  |
|              | (These are to only be included if the cell phone is being used for business purposes)   |  |  |
| 0            | Monthly Data Plans (above standard service billing) x 12=   |  |  |
|              | (These are to only be included if the cell phone is being used for business purposes)   |  |  |

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| Ve     | hicle –                                 |   |  |
|--------|---|---|--|
| 0      | Ending Mileage                          | ( as of December 31 <sup>st</sup> of the taxable year)  |  |
| 0      | Beginning Mileage                       | ( as of January 1 <sup>st</sup> of the taxable year)  |  |
| 0      | How many were for busines               | ss use ONLY (This is not to include to and from work)   |  |
|        |   | nust maintain a mileage log and a maintenance log for proof of mileage.)  |  |
| 0      | Reimbursed fuel allowance               | ()  |  |
| 0      | Parking Fees                            |   |  |
| 0      | Toll Fees                               |   |  |
| Tra    | ivel Expense-                           |   |  |
| 0      | Lodging                                 |   |  |
| 0      | Airplane                                |   |  |
| 0      | Car Rental                              |   |  |
| 0      | Valet Tips                              |   |  |
| 0      | Cab Fare                                |   |  |
|        | (These expenses are to only include     | overnight/trips away from home not including meals and entertainment)   |  |
| Oth    | ner Miscellaneous Expense-              |   |  |
| 0      | Job Required Education _                |   |  |
| 0      | Professional Gifts                      |   |  |
|        |   | s, employees, co-workers, customers, etc.)  |  |
| Me     | als & Entertainment-                    |   |  |
| (The   |   | ems on all receipts: Who you were with, Why, Where, When, & How much)   |  |
| 0      | Meals                                   |   |  |
|        |   | kers, clients and potential clients as long as business is discussed)   |  |
| 0      | Entertainment                           | over eliante and a tential disease and a second all and a second a second and a second a second and a second a second and a second and a second and a second and |  |
| Invest | tment Expense:                          | ers, clients and potential clients as long as business is discussed)  |  |
| 0      | Banking Fees                            |   |  |
| 0      | Trading Fees                            |   |  |
|        |   |   |  |
| 0      | Counsel & Advisory Fees                 |   |  |
| 0      |   |   |  |
| 0      | Safe Deposit Box Rental                 |   |  |
| 0      | IRA Custodial Fees                      | And the section of CDA/   |  |
| 0      | Loss Incurred from Total Dis            |   |  |
| 0      | Loss Incurred from Total Dis            | stribution of all Roth IRA's  |  |
| ❖ Th   | ere are also inh specific lists availal | ble. If you feel you have more deductions, or have a job with special requirements,   |  |
|        | ease refer to the list specific to you  |   |  |
| Includ |   |   |  |
|        | Police Officers                         | Pilots  |  |
|        | <ul> <li>Firefighters</li> </ul>        | Flight Attendants   |  |
|        | Truck Drivers                           | Attorneys   |  |
|        |   |   |  |

**Outside Sales** 

**Teachers** 

Construction