Form **2106**

Employee Business Expenses

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form2106 for instructions and the latest information.

OMB No. 1545-0074

2017
Attachment
Sequence No. 129

Your name Occupation in which you incurred expenses | Social security number Part I **Employee Business Expenses and Reimbursements** Column A Column B Step 1 Enter Your Expenses Other Than Meals Meals and and Entertainment Entertainment 1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See 1 2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work . 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Don't** include meals and entertainment. . 3 Business expenses not included on lines 1 through 3. Don't include 4 **5** Meals and entertainment expenses (see instructions) . . . 5 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 amount from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 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 7 Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR) 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, line 7 (or on Form 1040NR, line 8) 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, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For

10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) .

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| Part | • | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------|--------------------------|-------------------|----------|----------------------|---------------|-----------|----------|
| | on A—General Information (You mu | st cor | mplete this section if y | ou/ou | | (a) Vehicle 1 | (b) Ve | hicle 2 | |
| | e claiming vehicle expenses.) | | | | | | , , | | |
| 11 | Enter the date the vehicle was place | | | | 11 | / / | / | | |
| 12 | Total miles the vehicle was driven during 2017 | | | | 12 | miles | | | iles |
| 13 | Business miles included on line 12 | | | | 13 | miles | | m | iles |
| 14 | Percent of business use. Divide line 13 by line 12 | | | | 14 | % | | | <u>%</u> |
| 15 | Average daily roundtrip commuting distance | | | | 15 | miles | | | iles |
| 16 | Commuting miles included on line 12 | | | | 16 17 | miles | | | iles |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 | | | | | miles | | | iles |
| 18 | | | | | | | | | |
| 19 | Do you (or your spouse) have anoth | | | | ☐ No | | | | |
| 20 21 | Do you have evidence to support your deduction? | | | | | | | | |
| | on B-Standard Mileage Rate (Se | the | instructions for Part | Il to find out wh | otha | r to complete this s | ection or Se | | |
| 22 | Multiply line 13 by 53.5¢ (0.535). En | | | | | | | CLIOIT C. | ., |
| | on C—Actual Expenses | LEI LIII | | hicle 1 | | | Vehicle 2 | | |
| 23 | Gasoline, oil, repairs, vehicle | | (a) ve | THOIC I | | (D) | Verlicie Z | | |
| | insurance, etc | 23 | | | | | | | |
| 24a | Vehicle rentals | 24a | | | | | | | |
| b | Inclusion amount (see instructions) . | 24b | | | | | | | |
| C | Subtract line 24b from line 24a . | 24c | | | Т | | | | |
| 25 | Value of employer-provided | | | | | | | | |
| 20 | 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 D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) | | | | | | | | | |
| (a) Vehicle 1 (b) Vehicle 2 | | | | | | | | | |
| 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 | | | | | | | |
| 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 skipped lines 36 and 37, | | | | | | | | |
| | enter the amount from line 35. Also enter this amount on line 28 | | | | | | | | |
| | above | | | | | | | | |
| | | 30 | | l | - 1 | | | | 1 |