

${\it RALEIGH*DURHAM*CHAPEL\,HILL*CHARLOTTE*FAYETTEVILLE*GREENSBORO \\ {\it AND\,SURROUNDING\,AREAS}$

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FIREFIGHTER DEDUCTIONS

| All income from not | Uniform & Upkeep | Fire Relief \$ |
|------------------------------------|---|--------------------------------------|
| reported on W-2 \$ | Shirts \$ | Toys of Tots \$ |
| reported on w-2 \$ | Pants \$ | Other \$ |
| | Dept T-shirts/Caps \$ | |
| <u>Dues</u> | Sweatshirts \$ | This worksheet provides a way for |
| Association Dues \$ | Belt/ Attachments \$ | you to organize your credit and |
| Union Dues \$ | Jacket/Parka \$ | deduction information only. |
| Other \$ | Jump Suit/Flight Suit \$ | Whether or not an item is listed on |
| | Uniform Cleaning \$ | this worksheet is not necessarily an |
| Job Supplies & Safety Equipment | Uniform Cleaning \$ Uniform Alterations \$ | indicator of whether or not an item |
| Strike Bag \$ | Patches/Badges Name Tags \$ | is taxable or deductible. Tax |
| Strike Bag \$ Gear Bag Supplies \$ | Boots \$ | regulations change often, and |
| Flashlight & Batteries \$ | Boot Repair \$ | specific circumstances may |
| Knife/Utility Tool \$ | Gloves \$ | determine whether any item is |
| Camelback \$ | Ties \$ | relevant to your situation. This |
| Binoculars \$ | Other \$ | worksheet cannot substitute for tax |
| Webbing \$ | | knowledge or professional tax |
| Protective Eye Wear \$ | Medical Supplies | advice. Please contact Carolina Tax |
| Mans \$ | Stethoscope \$ | Professionals at 919-730-6536, |
| Maps \$ Calendar \$ | BP Budd \$ | email at |
| Office Supplies \$ | First Aid Kit \$ | carolinataxpro@carolinataxpro.com |
| Recording & Tapes \$ | Trauma Pack \$ | or visit our website at |
| Helmet \$ | Pen Lights \$Shears/ Scissors \$ | www.carolinataxpro.com with any |
| Rain Gear \$ | Shears/ Scissors \$ | specific questions or to book your |
| Sleeping Bags/Bedding \$ | First Aid Kit/ Supplies \$ | tax appointment. |
| Toiletries \$ | Other \$ | |
| Equipment Repairs \$ | · | I hereby verify that the information |
| Maintenance \$ | Electronics | provided on this worksheet is |
| Other \$ | Computers \$ | accurate and complete. I understand |
| Offici p | iPad \$ Software \$ | it is my sole responsibility and my |
| Education Expenses | Software \$ | continuing obligation to include all |
| Auto Miles Driven \$ | Computer bags \$ | information concerning deductions |
| Books/Paper/Pens \$ | Apps \$Printers \$ | and other information necessary for |
| Hotel \$ | Printers \$ | the preparation of my personal |
| Parking Fees/Valet \$ | Other \$ | income tax return. I have not |
| Tuition/ Lab Fees \$ | | overstated these deductions and |
| \$ of overnight stays \$ | Business Mileage | acknowledge that false |
| Other \$ | Continuing Ed \$ | information on a tax return could |
| ошег ф | Dry Cleaners \$ | constitute a federal crime. I do not |
| Job Seeking Expenses | Station to Station \$ | hold Carolina Tax Professions or its |
| Auto Miles Drive \$ | Training \$ | tax preparers responsible for |
| Air/Bus Train Fare \$ | Other \$ | validating these expenses & |
| Postage \$ | · | deductions. |
| Resumes/Transcripts \$ | Cash Donations | |
| # of overnight stays \$ | Church \$ | Signature |
| Other \$ | City of Hope/United Way \$ | <i>5</i> |
| Ψ | Heart/Lung/Cancer \$ | Date |