

MEDICAL AND DENTAL PROFESSIONAL WORKSHEET

*Must Be Filled Out As Completely As Possible
Use Last Year's Return As A Guide*

Name _____ Soc. Sec. # _____ 20 _____

Please bring all receipts, mileage logs & reimbursement policy

Uniforms: (Not For General Wear)

New ----- \$ _____

Lab Coats ----- \$ _____

Nylons ----- \$ _____

Shoes ----- \$ _____

Patches And Nameplates ----- \$ _____

Cleaning And Uniform Repair ----- \$ _____

Other (Specify) ----- \$ _____

Equipment:

Watch ----- \$ _____

Watch Repair ----- \$ _____

Stethoscope ----- \$ _____

Other (Specify) ----- \$ _____

Professional And Organization Membership Fees ----- \$ _____

Malpractice Insurance ----- \$ _____

Professional License Renewal ----- \$ _____

Education And Training:

Tuition ----- \$ _____

Books And Supplies ----- \$ _____

Seminar Fees ----- \$ _____

Parking ----- \$ _____

Travel, Number Of Trips _____ Total Miles Each Trip ----- \$ _____