Medical Field Worksheet

Tax year_____

UNIFORMS		EQUIPMENT/SUPPLIES	
Shirts		Medical Masks	
Pants		Gloves	
Shoes		Alcohol Pads	
Dry Cleaning		Gauze	
Laundry		Tape	
Other		Blood Pressure Cuff	
Other		Test Strips	
Other		Stethoscope	
Total		Other	
		Total	
PROFESSIONAL			
Registration		**Phone**	
Fingerprinting		Cell Phone	
Licenses & Permits		Pager	
Union Dues		Other	
Association Dues		**Total**	
Professional Dues			
Subscriptions		**Other Expenses**	
Seminars		Other	
Workshops		Other	
Books, Manuals		**Total**	
Other			
Other		**Mileage**	
Other		Miles not reimbursed	
Total		**Total**	

CENTRAL FLORIDA TAX SERVICES
711 N. Park Road; PO Box 4170
Plant City, Florida 33563
813-754-5852; Fax 813-757-6232