

Employee Business Expense

Travel Expense **Amount**

Air Fares..... _____
 Auto Rentals..... _____
 Entertainment..... _____
 Garage..... _____
 Hotel/Motel..... _____
 Meals..... _____
 Parking..... _____
 Postage..... _____

Road Tolls..... _____
 Taxi, Subway..... _____
 Telephone, Telegraph..... _____
 Tips..... _____
 Other..... _____
 _____..... _____
 _____..... _____
 _____..... _____

Moving Expenses

Enter No. of miles from your old home to your *new* workplace _____.

Enter No. of miles from your old home to your *old* workplace _____.

Date of Move _____ Arrival at New Location _____

Cost to Ship and Pack Household Goods... _____ Reimbursements (on W-2)? Yes No _____

Cost to Travel to New Home..... _____ Other: _____

Cost of Lodging During Move..... _____

Child Care Deductions (Number of Dependents Qualifying: _____)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependant care assistance benefits? Yes No Amount: \$ _____