

NAME: _____

TAX YEAR _____

WORKSHEET FOR NURSING EXPENSES

UNIFORMS:

CLOTHING _____
STOCKINGS _____
SHOES _____
MISC _____
REPAIRS _____
CLEANING _____

EQUIPMENT:

CHRONOMETER, SPHYGMOMANOMETER _____
SCISSORS, STETHOSCOPES, ETC. _____

EDUCATION REQUIRED:

SCHOOL _____
CLASSES TAKEN _____
TUITION _____
BOOKS & SUPPLIES _____
MILES TRAVELED _____
PARKING _____

OTHER:

PROF. MEETINGS, CONVENTIONS, ETC. _____
MILES TRAVELED _____
LODGING, AIRFARE, ETC. _____
MEALS _____
LONG DISTANCE TELEPHONE _____
ASSOC. DUES, PROFESSIONAL ORGANIZATIONS _____
LICENSES _____
BOOKS & SUBSCRIPTIONS _____
MALPRACTICE INSURANCE _____
OTHER _____