



## MEDICAL PROFESSIONALS TAX ORGANIZER

Your Name \_\_\_\_\_ Business Name \_\_\_\_\_ Tax Year \_\_\_\_\_

### PROFESSIONAL FEES & DUES

Alumni Dues	
Medical Association Dues	
Union Dues	
License	
Professional Association Dues	
Professional Fees	
<b>SUBTOTAL:</b>	

### SUPPLIES & EXPENSES

Business Meals (enter 100% of expenses)	
Business Cards	
Clerical Service	
Computer Software	
Computer Hardware	
Equipment Repair	
FAX Supplies	
Gifts & Greeting Cards	
Legal & Professional Services	
Office Expenses	
Photocopy Expenses	
Postage	
Printing	
Shipping	
Stationery	
<b>SUBTOTAL:</b>	

### INTERNET/PHONE EXPENSES

Internet	
Phone	
Other	
<b>SUBTOTAL:</b>	

### CONTINUING EDUCATION

Course Fees	
Materials & Supplies	
Seminar Fees	
<b>SUBTOTAL:</b>	

### EQUIPMENT PURCHASES

Cellular Phone	
Office Phone	
FAX Machine and Copier	
Printers	
Equipment Rental/Leases	
Medical Equipment	
Office Furniture	
Uniforms	
Other	
<b>SUBTOTAL:</b>	

### EMPLOYEE EXPENSES

Independent contract labor	
Employee benefits	
Wages & Salaries Total	
Payroll Taxes Paid	
<b>SUBTOTAL:</b>	

### MISCELLANEOUS EXPENSES

Malpractice & Liability Insurance	
Medical Publications	
Legal fees (protection and production of taxable income)	
Professional Subscriptions	
Permits and Fees	
Office Rent	
Repairs and Maintenance	
Security	
Taxes and Licenses	
Other	
<b>SUBTOTAL:</b>	

### TRAVEL-OUT OF TOWN

Airfare	
Car Rental, Taxi, Bus, Train, and Subway	
Parking and Tolls	
Lodging (do not combine with meals)	
Meals (do not combine with lodging)	
Other:	
<b>SUBTOTAL:</b>	

### AUTO TRAVEL

Parking Fees and Tolls	
Gas	
Repairs	
Maintenance	
Other	
<b>SUBTOTAL:</b>	

### MILEAGE

Miles driven for business	
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### GRAND TOTAL

<b>GRAND TOTAL</b>	
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