

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed..... ☐

Check box if a fee-basis state or local government official

Check box if a Qualifying Performing Artist..... ☐

Check box if armed forces reservist related travel more than 100 miles from home

Check box if impairment-related work expenses..... ☐

Check box if miscellaneous 2% itemized deduction **(state only use)**

Check box if subject to Department of Transportation (DOT) hours of service limits..... ☐

Treat all MACRS assets for activity as qualified Indian reservation property?..... ☐ Yes ☐ No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... ☐ Regular ☐ Extension ☐ No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... ☐ Yes ☐ No

Was this activity located in a Qualified Disaster Area..... ☐ Yes ☐ No

| EXPENSES | 2025 | 2024 |
|--|------|------|
| 1 Parking fees, tolls, and local transportation | | |
| 2 Travel expenses while away from home (excluding meal expenses) | | |
| 3 Meal expenses | | |
| 4 Business gifts | | |
| 5 Education | | |
| 6 Home office expenses (Preparer Use Only – complete ORG17A) | | |
| 7 Trade publications..... | | |
| 8 Depreciation expense other than vehicle (Preparer Use Only) | | |
| 9 Carryover of Section 179 expense from prior year | | |
| 10 Other: | | |
| _____ | | |
| _____ | | |
| _____ | | |

| EMPLOYER REIMBURSEMENTS | 2025 | 2024 |
|--|------|------|
| Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2). | | |
| 11 Reimbursements for other than meals..... | | |
| 12 Reimbursements for meals | | |

| QUALIFIED PERFORMING ARTIST | 2025 | 2024 |
|---|--|--|
| 13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| IMPAIRMENT-RELATED WORK EXPENSES | 2025 | 2024 |
|--|--|--|
| 14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employee Business Expenses (continued)

ORG17

| GENERAL VEHICLE INFORMATION | | Vehicle 1 | Vehicle 2 |
|-----------------------------------|---|---|---|
| 15 | Description of vehicle..... | | |
| 16 | Date placed in service..... | | |
| 17 | Enter detail on lines 17a and 17b, or total on line 17c: | | |
| a | Ending mileage reading..... | | |
| b | Beginning mileage reading..... | | |
| c | Total miles for the year (line 17a less line 17b)..... | | |
| 18 | Business miles from 01/01/2025 thru 12/31/2025..... | | |
| 19 | Total commuting miles..... | | |
| 20 | Average daily commuting miles..... | | |
| STANDARD MILEAGE RATE | | Vehicle 1 | Vehicle 2 |
| 21 | Do you qualify for standard mileage? (Preparer Use Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22 | Is this a leased vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ACTUAL EXPENSES | | Vehicle 1 | Vehicle 2 |
| 23 | Gasoline, oil, repairs, insurance, etc..... | | |
| 24 | Vehicle registration fee (excluding property tax)..... | | |
| 25 | Vehicle lease or rental fee..... | | |
| 26 | Inclusion amount (Preparer Use Only) | | |
| 27 | Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)..... | | |
| 28 | Depreciation (Preparer Use Only) | | |
| VEHICLE DEPRECIATION/DISPOSITIONS | | Vehicle 1 | Vehicle 2 |
| 29 | Cost or basis..... | | |
| 30 | Is this an electric vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31 | Is this qualified Indian reservation property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32 | Type of vehicle (Preparer Use Only) | | |
| 33 | Section 179 expense (Preparer Use Only) | | |
| 34 | Qualified Property for Economic Stimulus? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Qualified Property for Qualified Disaster Area? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36 | Qualified Property for Kansas Disaster Zone (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37 | Qualified property for GO Zone? (Preparer Use Only) | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A | <input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A |
| 38 | Percentage for Special Depreciation Allowance? (Preparer Use) | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A | <input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A |
| 39 | Elect OUT of Special Depreciation Allowance? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40 | Elect 30% in place of 50% Allowance? (Preparer Use) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41 | Date sold..... | | |
| 42 | Date acquired, if different from line 16..... | | |
| 43 | Sales price..... | | |
| 44 | Expense of sale..... | | |
| 45 | Gain/loss basis, if different (Preparer Use Only) | | |
| 46 | AMT gain/loss basis, if different (Preparer Use Only) | | |
| VEHICLE QUESTIONS | | | |
| 47 | Was your vehicle available for personal use during off-duty hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 48 | Is another vehicle available for personal use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 49 | Do you have evidence to support the business use claimed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 50 | If yes , is the evidence written? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |