

**Employee Business Expenses  
 (Police Officer)  
 Form 2106 - Line 4**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

|   |            |                       |            |
|---|------------|-----------------------|------------|
| Union Dues  | \$ _____   | Ammunition            | \$ _____   |
| Daily Log Book  | \$ _____   | Targets               | \$ _____   |
| Business Cards  | \$ _____   | Reference Books       | \$ _____   |
| Note Books  | \$ _____   | Study Guides          | \$ _____   |
| Gun Cleaner   | \$ _____   | Police Publications   | \$ _____   |
| Uniform Cleaning  | \$ _____   | Black Jack            | \$ _____   |
| Uniform Purchase  | \$ _____   | Night Stick           | \$ _____   |
| Special Shoes   | \$ _____   | Night Stick Holder    | \$ _____   |
| Shoe Polish   | \$ _____   | Flashlights           | \$ _____ * |
| Pens/Pencils  | \$ _____   | Batteries             | \$ _____   |
| Sunglasses  | \$ _____   | Tape Recorder         | \$ _____ * |
| Badge & Holder  | \$ _____   | Blank Tapes           | \$ _____   |
| Holsters  | \$ _____   | Bullet Proof Vest     | \$ _____ * |
| Custom Grips  | \$ _____   | Binoculars            | \$ _____ * |
| Off Duty Weapon   | \$ _____ * | Extra Clip            | \$ _____ * |
| Cellular Phone  | \$ _____ * | C.B. For Cruiser      | \$ _____ * |
| Electronic Pager  | \$ _____ * | Spotlight             | \$ _____ * |
| Sam Browne Belt   | \$ _____   | Police Scanner        | \$ _____ * |
| Handcuffs/Case  | \$ _____   | Finger Print Equip.   | \$ _____ * |
| Insul. Underwear  | \$ _____   | Briefcase/Report Case | \$ _____ * |
| Sewing & Stripes  | \$ _____   | Pepper Spray          | \$ _____   |
| Brass Cleaner   | \$ _____   | Radio Holder          | \$ _____ * |
| Car Washes  | \$ _____   | Slim Jim/Cables       | \$ _____ * |
| Other:  | \$ _____   | Traffic Template      | \$ _____   |
| (private range time;<br>instruction; ear & eye<br>protection; rental, etc.) |            | Other: _____          | \$ _____   |
|   |            | (list) _____          | \$ _____   |
|   |            | _____                 | \$ _____   |
|   |            | <b>TOTAL:</b>         | \$ _____   |

\*Property eligible for M.A.C.R.S. under Section 1245 or Expensing under Section 179 of the Internal Revenue Code

All information provided must be accurate for correct preparation of all tax returns.

Charles Village Tax Service Inc. assumes no responsibilities for any audits.

Charles Village Tax Service Inc. can assume no responsibility of errors regarding inaccurate information provided by the taxpayer nor assume liability for penalties (IRS or Any State) or inconsistencies in tax laws.

I read, understand and agree to the above:

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Taxpayer Signature / Date

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Spouse Signature / Date