

Firefighter Speciality Worksheet

Please be advised, you must have receipts and expenses are required by employer

Client Name _____ Tax year _____

Item	Dollar Amount	Item	Dollar Amount
Batteries		Safety Gear	
Bedding		Sleep aids	
Binoculars		Telephone Cell @ 50%	
Brasso Cleaners/Cloths		internet @ 50%	
Briefcase/Gear bag		Tools	
Computer/laptop @ 50%		Under Garmets	
Dues professional Societies		Uniforms	
Education		Uniform Dry Cleaning	
EMS Tools/ Scissors		Uniform Boots/hats/jacket	
EMT Renewal		Emblems/Badges	
Equipment Repairs		Laundry 52 weeks @ \$8 wk	
Eyeglasses/special		Equipment purchased	
Flashlight		OT/Temp Station Miles	
Gloves			
GPS		Sec 119 meals/lodging	
Helmet/Shield		x cost of meals \$20	
House/Dues/Staples			
Notebooks			
Office Supplies			
Publications/subscriptions			
Ropes/Caribeners			
Rain Gear			
Column Total		Column Total	
		Grand Total	