



Name:	Year
S.S#:	
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Medical Profession Expenses

Board Exams	
Books & Publications	
Cell Phone Charges: Business use only	
Conference/Seminars	
Continuing Education	
Dues & Subscriptions	
Laundry & Cleaning Expense	
License Renewal	
Malpractice Insurance	
Medical Examination	
Parking & Tolls	
Printing & Copying Expense	
Small Tools	
Stationery	
Stethoscope	
Telephone - Business use only	
Uniforms	
Others (Please list)	
Client's Signature _____	Total

Print Name _____ Date _____

By signing above I verify and affirm that all the tax information on this sheet is correct & accurate. I give my permission to Sikka & Associates: Accounting & Tax Consultants to prepare my tax return on the basis of information provided by me. I understand that if any foregoing information provided to the accountant is incorrect, I will be liable for any or all consequences/penalties.