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Form **2106**

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

Occupation in which you incurred expenses

2024

OMB No. 1545-0074

Attachment Sequence No. **129**

Social security number

Department of the Treasury Internal Revenue Service

Your name

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form2106 for instructions and the latest information.

Part I **Employee Business Expenses and Reimbursements** Column A Column B Step 1 Enter Your Expenses Other Than Meals Meals 1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . 2 Parking fees, tolls, and transportation, including trains, buses, etc., that didn't involve 2 3 Travel expense while away from home overnight, including lodging, airfare, car rental, etc. **Don't** include meals 3 4 Business expenses not included on lines 1 through 3. Don't include meals . 4 5 Meals expenses (see instructions) 5 6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amounts from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 7 Reimbursements received from employer. Include reimbursements reported on Form W-2, box 12, code "L." Do not include amounts reported on Form W-2, box 1. (See instructions.) . Step 3 Figure Expenses To Deduct 8 Subtract line 7 from line 6. If zero or less, enter -0-, However, if line 7 is greater than line 6 in Column A, report the excess as income on Form1040, 1040-SR, or 1040-NR, 8 Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return. 9 In Column A, enter the amount from line 8. In Column B, see the instructions for the amount to enter 10 Add the amounts on line 9 for both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040), line 12. Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return 10

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Part II Vehicle Expenses

Section A—General Information (You must complete this section if you are claiming vehicle expenses.)					(a) Vehicle 1		(b)	(b) Vehicle 2	
11	Enter the date the vehicle was placed in service .			. 11	/	/		/	/
12	Total miles the vehicle was driven during 2024 .			. 12		miles			miles
13	Business miles included on line 12			13		miles			miles
14	Percent of business use. Divide line 13 by line 12.			14	7 /	%	I		%
15	Average daily roundtrip commuting distance			15		miles			miles
16	Commuting miles included on line 12			16		miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total :	from line 12	. 17		miles			miles
18	Was your vehicle available for personal use during					1111100		Yes	☐ No
19	Do you (or your spouse) have another vehicle avail							Yes	□No
20	Do you have evidence to support your deduction?							Yes	□ No
21	If "Yes," is the evidence written?			5				Yes	□No
	on B—Standard Mileage Rate (See the instruct			out whet	her to co	mplete this	section		
22							22	01 00	0.,
22 Multiply line 13 by 67¢ (0.67). Enter the result here and on line 1									
occu	(a) Vehicle 1					(b) Vehicle 2			
			(a) Vei	HICIE I		, (L	y verile	16 2	
22	Casalina ail ranaira vahiala inguranaa ata	22		K /	Δ				
23	Gasoline, oil, repairs, vehicle insurance, etc.	23 24a				_			
24a	Vehicle rentals								
b	Inclusion amount (see instructions)	24b							
С	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies only	,							
	if 100% of annual lease value was included on								
	Form W-2—see instructions)	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation (see instructions)	28							
29	Add lines 27 and 28. Enter total here and on line 1	29							
Section	on D-Depreciation of Vehicles (Use this section			nd are co				vehicle.	
			(a) Ve	hicle 1		(k) Vehic	de 2	
30	Enter cost or other basis (see instructions)	30							
31	Enter section 179 deduction and special allowance (see instructions)	31							
32	Multiply line 30 by line 14 (see instructions if you								
	claimed the section 179 deduction or special								
	allowance)	32							
33	Enter depreciation method and percentage (see								
	instructions)	33							
34	Multiply line 32 by the percentage on line 33 (see								
	instructions)	34							
35	Add lines 31 and 34	35							
36	Enter the applicable limit explained in the line 36								
	instructions	36							
37	Multiply line 36 by the percentage on line 14 .	37							
38	Enter the smaller of line 35 or line 37. If you	<u> </u>							
55	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							