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)

OMB No. 1545-0074

Attachment Sequence No. **129**

Social security number

Department of the Treasury Internal Revenue Service (99)

Your name

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

▶ Go to www.irs.gov/Form2106 for instructions and the latest information. Occupation in which you incurred expenses

Pa	rt I Employee Business Expenses and Reimbursements								
Ste	p 1 Enter Your Expenses	Column A Other Than Meals	Column B Meals						
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1							
	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2							
3	Travel expense while away from home overnight, including lodging, airplane, 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 B, enter the amount from line 5	6							
	Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.								
	Enter Reimbursements Received From Your Employer for Expenses Lists Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	ed i	n Step 1						
Ste	p 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 Form 1040 or 1040-SR, line 1 (or on Form 1040-NR, line 1a)	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, multiply line 8 by 50% (0.50)	9							
10	Add the amounts on line 9 of both columns and enter the total here. Also, enter the total (Form 1040), line 11. Employees with impairment-related work expenses, see the instruction where to enter the total on your return	ctior	s for rules						

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Part II Vehicle Expenses

	on A—General Information (You must complete thing vehicle expenses.)	is sec	tion if you are			(a) \	Vehicle 1		(b) Vehic	cle 2
11	Enter the date the vehicle was placed in service .			1	1					
12	Total miles the vehicle was driven during 2020 .				2		miles			miles
13							miles			miles
14	Percent of business use. Divide line 13 by line 12.						%			%
15	Average daily roundtrip commuting distance				_		miles			miles
16							miles			miles
17	Other miles. Add lines 13 and 16 and subtract the				_		miles			miles
18									Yes	☐ No
19	Was your vehicle available for personal use during									
	Do you (or your spouse) have another vehicle avail								∐ Yes	_
20	Do you have evidence to support your deduction?								∐ Yes	☐ No
21	If "Yes," is the evidence written?	iono i							☐ Yes	U No
	on B-Standard Mileage Rate (See the instruct								1011 01 56	ection C.,
22	Multiply line 13 by 57.5¢ (0.575). Enter the result h	ere ar	na on line I		•			22		
Secu	on C—Actual Expenses		(-) \/-I-					-1 1/-	l-:-I- 0	
			(a) Veh	nicie i			(I	o) ve	hicle 2	
23	Gasoline, oil, repairs, vehicle insurance, etc	23								
24a	Vehicle rentals	24a								
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								
	on D—Depreciation of Vehicles (Use this section		if you owned the v	ehicle	and	are co	mpleting Se	ction	C for the	vehicle.)
		· · · · · ·	·						hicle 2	
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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									
	skipped lines 36 and 37, enter the amount from									
	line 35. Also enter this amount on line 28 above	38								