

ARKANSAS INDIVIDUAL INCOME TAX EMPLOYEE BUSINESS EXPENSES

Name	e		Occupation in which you inc	curi	red expenses Social	sec	curity number					
Part I Employee Business Expenses and Reimbursements												
Ste	p 1	Enter Your Expenses		-	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment					
1	Vehic	cle expense from line 22 or line 29. (Rural mail carriers: Se	e instructions.)	1	oc							
2		ing fees, tolls, and transportation, including train, bus, etc. ve overnight travel or commuting to and from work		2	oc							
3		el expense while away from homeovernight, including lodg II, etc. Do not include meals and entertainment		3	oc		_					
4		ness expenses not included on lines 1 through 3. Do not intainment.		4	oc							
5	Meal	s and entertainment expenses (see instructions)		5			00					
6	Tota l Colu	expenses. In Column A, add lines 1 through 4 and enter mn B, enter the amount from line 5.	the result. In	6	oc		00					
	Note	. If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amou	ınt	from line 6 on line 8							
Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1												
7	box 1	r reimbursements received from your employer that were in the form W-2. Include any reimbursements reported under ur Form W-2 (see instructions).	er code "L" in box 12	7	00		00					
Step 3 Figure Expenses To Deduct on AR3												
8	Subt line 6	ract line 7 from line 6. If zero or less, enter -0 However, it is in Column A, report the excess as income on Form AR10	line 7 is greater than 00ADJ, line 10	8	oc		00					
		. If both columns of line 8 are zero, you cannot deduct emplo nses. Stop here and attach Form AR2106 to your return.	oyee business									
9	(Emp Multi	blumn A, enter the amount from line 8. In Column B, multipoloyees Subject to Department of Transportation (DOT) hoply meal expenses incurred while away from home on bus ad of 50%. For details, see instructions.).	urs of service limits: iness by 80% (.80%)	9	oc		oc					
10	AR3	the amounts on line 9 of both columns and enter the total , LINE 20. (Armed Forces reservists, qualified orming artists, fee-basis state or local government officials, actions for special rules on where to enter the total.)	and individuals with disa	abil	lities: See the	10	00					



Part II Vehicle Expenses

Sector of the se	tion A - General Information (You must co claiming vehicle expenses.)	(a) Vehicle 1	(b) Vehicle 2						
11	Enter the date the vehicle was placed in	n sei	vice	. 11	/ /	1	1		
12	Total miles the vehicle was driven durin			miles		miles			
13	Business miles included on line 12		miles		miles				
14	Percent of business use. Divide line 13		%		%				
15	Average daily roundtrip commuting dist		miles		miles				
16	Commuting miles included on line 12		miles		miles				
17	Other miles. Add lines 13 and 16 and s		miles		miles				
18	Was your vehicle available for personal	luse	during off-duty hours?			☐ Yes	□ No		
19	Do you (or your spouse) have another	vehic	le available for personal use?	,		☐ Yes	□ No		
20	Do you have evidence to support your		☐ Yes	□ No					
21	If "yes", is the evidence written?								
Sec	tion B - Standard Mileage Rate (See the	instr	uctions for Part II to find out whether	to coi	mplete this section or S	Section C.))		
22	Multiply line 13 by 54.5¢ (.545). Enter the	resu	Ilt here and on line 1		22	<u>!</u>			
Sec	tion C - Actual Expenses		(a) Vehicle 1		(b) Ve	hicle 2			
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		0	0		00		
24a	a Vehicle rentals			10	oc		100		
	o Inclusion amount (see instructions)			lo	00	<u> </u>	loo		
_	Subtract line 24b from line 24a Value of employer-provided vehicle	24c		0	0		00		
20	(applies only if 100% of annual lease								
	value was included on Form W-2 - see instructions).	25		0			00		
26	Add lines 23, 24c, and 25	25 26		0			00		
27				Ĭ	<u> </u>				
	line 14	27		0			00		
	Depreciation (see instructions).	28		0	0	-	00		
29	Add lines 27 and 28. Enter total here and on line 1.	29					0.0		
Sec	tion D - Depreciation of Vehicles (Use th		LL ction only if you owned the vehicle ar	0 nd are	<u>u</u>	for the ve	00 hicle.)		
	Enter cost or other basis (see instruc-						,		
	tions).	30	00		oc)			
31	Enter section 179 deduction and special allowance (see instructions)	31		0	0		00		
32	Multiply line 30 by line 14 (see instruc-								
	tions if you claimed the section 179 deduction or special allowance)	32	00		loc	,			
33	Enter depreciation method and percent-	<u> </u>	100						
	age (see instructions).	33							
34	Multiply line 32 by the percentage on line 33 (see instructions).	34		0			00		
35	Add lines 31 and 34.	35		0			00		
	Enter the applicable limit explained in	-		<u> </u>	Ĭ		100		
	the line 36 instructions	36	00	1	00)	1		
37	Multiply line 36 by the percentage on line 14.	37		0	0		00		
38	Enter the smaller of line 35 or line 37.			Ť					
	If you skipped lines 36 and 37, enter								
	the amount from line 35. Also enter this amount on line 28 above	38		o	0		00		