

# DEDUCTION WORKSHEET FOR BROTHEL WORKERS

CLIENT \_\_\_\_\_

TAX YEAR \_\_\_\_\_

Note: These expenses must be paid by the taxpayer and for the taxpayers self, spouse or dependents. Do not deduct expenses which are reimbursed by insurance or other sources.

**MEDICATIONS & DRUGS**

Prescribed Controlled Substances		Other	
		<b>TOTAL MEDICATIONS AND DRUGS</b>	

**DOCTORS, DENTISTS, PSYCHIATRISTS, CHIROPRACTORS, ACUPUNCTURE, LASIK, BOTOX, OTHERS**

Dr.		Dr.	
Dr.		Dr.	
Required Medical Exams		<b>TOTAL DOCTORS AND DENTISTS</b>	

**Auto Expenses (All Work Vehicles)**

Mileage		Insurance	
Repairs		Gas & Oil	
Registration		<b>TOTAL AUTO EXPENSES</b>	

**Insurance**

Health Insurance		Contact Insurance	
Hospital Insurance		School Insurance	
Group Insurance		Supplemental Medicare	
Other Insurance (Do not include life)		Other (Do not include income protect plans)	
Other Insurance (Do not include pet)		<b>TOTAL INSURANCE PREMIUMS</b>	

**Other Work Expenses**

Accounting Fees		Prescribed Exercise Equipment	
Advertising		Prescribed Health Institutes, Gym, Spa	
Bank Charges		Required Protective Wear	
Beauticians		Retirement Contributions (IRS, Roth, etc.)	
Bookkeeping Fees		Room & Board	
Cell Phone		Runner Fees/Tips	
Cleaning Fees/Tips		Special Accessories	
Computer Expenses		Special Shoes	
Condoms		Storage Fees	
Corporation or LLC Fees		Tax Fees	
Cosmetic (Special) Supplies		Telephone Expenses	
Costumes		Toys & Gadgets	
Dues & Subscriptions		Travel Expenses	
Gifts for Clients (Cigarettes, Drinks, etc.)		Wakeup Services	
Internet Expenses		Website Expenses	
Laundry & Costume Cleaning		Wigs & Hairpieces	
License Fees			
Limo Fees/Tips		Room Furnishings (List if over \$500)	
Lotions, Gels, Oils & Other Supplies			
Management Fees			
Massage Units			
Meal Expenses			
Office Supplies			
Paper Towels, Kleenex, Soaps, Sponges		Auto Mileage	
Postage			
		<b>TOTAL OTHER EXPENSES</b>	