

MOVING EXPENSE

Taxpayer Name \_\_\_\_\_

Tax Year Ending \_\_\_\_\_

Date of move \_\_\_\_\_

New Principal Place of Work \_\_\_\_\_

Miles from old home to old workplace \_\_\_\_\_

Miles from old home to new workplace \_\_\_\_\_

Total miles driven for move  
(Utilizing Personal Vehicle) \_\_\_\_\_

Cost to pack, crate, and insure  
household goods and personal effects \_\_\_\_\_

Tolls \_\_\_\_\_

Cost of moving van/trailer rent \_\_\_\_\_

Cost of gas \_\_\_\_\_

Cost of lodging (in transit) \_\_\_\_\_

Storage of household goods and personal  
effects (limited to 30 day period after  
move and before delivery to new home) \_\_\_\_\_

Other Notes \_\_\_\_\_

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