



SDP Tax Services

FAX: (951) 479-9199
EMAIL: sdptaxsupport@pathwaywealthtax.com

MOVING EXPENSE FORM

Your Name: _____ Telephone: _____ Tax Year: _____

MOVING EXPENSES (Must exceed 50 miles for a job change)

Date you moved: ____/____/____

Date you became employed in the new location: ____/____/____

Distance from old home to **new** work location: _____ miles.

Distance from old home to **old** work location: _____ miles.

Percentage of material you moved that consisted of
professional items such as library and office equipment: _____%

Direct Moving Expenses:

Lodging enroute..... \$ _____

Automobile miles..... \$ _____

Moving van..... \$ _____

Storage costs..... \$ _____

Insurance..... \$ _____

Boxes, tapes, and other packing costs \$ _____

Postage for address changes..... \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

☐ If you bought and/or sold a house because of the move, please provide us with copies of your escrow documents (settlement statement).

Notes/Comments:
