DEPARTMENT OF REVENUE

32 34 36 38 40 42 44 46 48 50 52 54 56 58

NEAR FINAL DRAFT — 8/12/25



2025 Schedule M1UE, Unreimbursed Employee Business Expenses

Before you complete this schedule, read the instructions to see if you are eligible.

OUR FIRST NAME, INIT YOUR LAST NAMEXXXXXX IF First Name and Initial Last Name	99999999 Social Security Number	
rt 1: Your Expenses 1 Vehicle expenses from line 20 or line 28 (see instructions if you incurred	Column A	Column B
expenses for more than one vehicle)	12345678	
expenses for more than one venicle) 1	12313676	
2 Parking fees, tolls, and transportation that did not involve overnight		
travel or commuting from work (see instructions)	12345678	
Tavel of community from Work (see monuterons)		
3 Travel expenses that did involve overnight travel, including lodging		
and transportation. Do not include meals	12345678	
4 Business expenses not included above. Do not include meals 4 _	12345678	
		4004565
5 Meals (see instructions)	5	1234567
	10045670	1004565
6 Column A: Add lines 1 through 4. Column B: Enter the amount from line 5 6	12345678	1234567
		
7 Enter reimbursements from your employer that were	12345678	1234567
not included in box 1 of your federal Form W-2 (see instructions)7	12070070	1204007
C. C. Internat line 7 from line C. If you at less anter C.	12345678	1234567
8 Subtract line 7 from line 6. If zero or less, enter 0	12010070	1201007
9 Column A: Enter the amount from line 8. Column B: Multiply line 8 by 50%		
(0.50). Employees covered by U.S. Department of Transportation		
service limits, multiply line 8 by 80% (0.80)	12345678	1234567
10 Add the amounts on line 9 of both columns.		1004565
Enter the total here and include on line 20 of Schedule M1SA	10	1234567
		
		Continued
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2025 M1UE, Page 2

12 14 16 18 20 22 24 26 28 30 32 34 36

Part 2: Vehicle Expenses. If you are claiming expenses for multiple vehicles, complete and enclose a separate Part 2 of Schedule M1UE for each vehicle.

38 40

42 44 46

48 50

52 54 56 58 60 62



78 80

ose a separate Part 2 of Schedule M10E for each vehicle.			7
Enter the date the vehicle was placed in service	11	12345678	9
Total miles driven during 2025	12	12345678	10
Business miles included on line 12	13	12345678	12
Divide line 13 by line 12	14	12345678	14
Average daily roundtrip commuting distance	15	12345678	16
Commuting miles included on line 12	16	12345678	18
Other miles. Add lines 13 and 16 and subtract the result from line	12	17	12345678 21
Was your vehicle available for personal use during off-duty hours	? Xyes X	No	22 23 24
Do you (or your spouse) have another vehicle available for persor	nal use? X Ye	s X No	24 25
dard Mileage Rate (see instructions to determine whether to c	omplete this se	ction or "Actual Expenses	
Multiply line 13 by 70 cents (.70). Enter the result here and on lin	e 1	20	12345678 29
al Expenses (see instructions to determine whether to complet	te this section o	r "Standard Mileage Rate	
Gasoline, oil, repairs, vehicle, insurance, etc	21	12345678	32
Vehicle rentals	22a	12345678	34
Inclusion amount (see instructions)	22b	12345678	36 37
Subtract line 22b from line 22a	23	12345678	38
	alue	12345678	40 41 42
Add lines 21, 23, and 24	25	12345678	43 44
Multiply line 25 by the percentage on line 14	26	12345678	45 46
Depreciation (determine from worksheet in the instructions)	27	12345678	47 48
Add lines 26 and 27. Enter the result here and on line 1		28	12345678 ₅₀
	Enter the date the vehicle was placed in service	Enter the date the vehicle was placed in service	Enter the date the vehicle was placed in service

6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 8