DEPARTMENT OF REVENUE

FINAL DRAFT — 10/15/25



2025 Schedule M1UE, Unreimbursed Employee Business Expenses

14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56

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

9	Before you complete this schedule, read the instructions to see if you are	e eligible.			9
10 11	YOUR FIRST NAME, INIT YOUR LAST NAMEXXXXXX		99999999		10 11
12	Your First Name and Initial Last Name			rity Number	12
13	Part 1: Your Expenses		Column A	Column B	13
14	1 Vehicle expenses from line 20 or line 28 (see instructions if you incurre	ed			14
15	expenses for more than one vehicle)	1	12345678		15
16					16
17			10245670		17
18		2	12345678		18
19					19
20		3	12345678		20 21
22					22
23		4	12345678		23
24					24
25	5 Meals (see instructions)			12345678	25
26					26
27	6 Column A: Add lines 1 through 4. Column B: Enter the amount from I	ine 5 6	12345678	12345678	27
28					28
29	7 - 101 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311 - 311		10045670	10045670	29
30	not included in box 1 of your federal Form W-2 (see instructions)	7	12345678	12345678	30
31			12345678	12345678	31
32		8	12343070	12343070	32
33		. F00/			33
34		y 50%			34
36		9	12345678	12345678	36
37					37
38	10 Add the amounts on line 9 of both columns.				38
39	Enter the total here and include on line 20 of Schedule M1SA			12345678	39
40					40
41					41
42				Continued	42
43					43
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63	9995				63

2025 M1UE, Page 2

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22 24 26 28 30 32 34 36



78 80 82 84 8

52 54 56 58 60 62 64 66

Part 2: Vehicle Expenses. If you are claiming expenses for multiple	ete and * 2		6	
enclose a separate Part 2 of Schedule M1UE for each vehicle.				7
	11	12345678		8
11 Enter the date the vehicle was placed in service		12010070		10
12 Total miles driven during 2025	12	12345678		11
12 Iotal filles driven during 2025				12
13 Business miles included on line 12	13	12345678		13
				14
14 Divide line 13 by line 12	14	12345678		15
		10015650		16
15 Average daily roundtrip commuting distance	15	12345678		17
		12345678		18
16 Commuting miles included on line 12	16	12343678		19
				20
17 Other miles. Add lines 13 and 16 and subtract the result from line	: 12	17	12343678	21
	, y, y,			22
18 Was your vehicle available for personal use during off-duty hours	? A Yes A	NO.		23
19 Do you (or your spouse) have another vehicle available for persor	NALUSON XV	s X No		24 25
19 Do you (or your spouse) have another vehicle available for person	iai user re	S 11 NO		26
Standard Mileage Rate (see instructions to determine whether to c	omplete this sec	ction or "Actual Expenses"	,	27
				28
20 Multiply line 13 by 70 cents (.70). Enter the result here and on lin	e 1			29
				30
Actual Expenses (see instructions to determine whether to complete	te this section o	r "Standard Mileage Rate")	31
		10045650		32
21 Gasoline, oil, repairs, vehicle, insurance, etc	21	12345678		33
		10045670		34
22a Vehicle rentals	22a	12345678		35
		12345678		36
22b Inclusion amount (see instructions)	22b	12343070		37
23 Subtract line 22b from line 22a	23	12345678		38
25 Subtract fille 220 from fille 22d	25			40
24 Value of employer-provided vehicle (if 100% of the annual lease v	value			41
was included in federal adjusted gross income)	24	12345678		42
				43
25 Add lines 21, 23, and 24	25	12345678		44
				45
26 Multiply line 25 by the percentage on line 14	26	12345678		46
		10045670		47
27 Depreciation (determine from worksheet in the instructions)	27	12345678		48
				49
28 Add lines 26 and 27. Enter the result here and on line 1		28	12345678	50
				51
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