

ACCOUNTABLE PLAN

for

Company Name

_____ expense reimbursement policy pursuant to Reg. 1.62-2, upon the following terms and conditions are intended to comply with all applicable tax rules:

1. Any person now or hereafter employed by _____ shall be reimbursed for any ordinary and necessary business and professional expenses incurred on behalf of _____. The expenses must be adequately substantiated as required by the Company policy on expense reimbursements.
2. Under no circumstances will _____ reimburse employees for business or professional expenses incurred on behalf of _____ that are not properly substantiated. Employees understand that this requirement is necessary to prevent our expense reimbursement plan from being classified as a "non-accountable" plan.
3. All expenses must be substantiated within a reasonable period of time. This must be within 60 days or less after the expense is incurred or paid if the company wants to qualify for the "fixed date" safe harbor substantiation rule.
4. All charges to company credit cards must be substantiated in the same manner as the above mentioned reimbursements.
5. Advances that are not substantiated within a reasonable period of time must be returned (paid back) within a reasonable period of time (120 days).
6. Documentation will include the amount, date, place, business purpose and business relationship of any person entertained for each expense. A receipt will accompany the documentation.
7. Regarding vehicle use reimbursement, following method of reimbursement calculation will apply - mileage or actual expenses (such as fuel)

By signing and dating below I hereby acknowledge and agree to the above stated Accountable Plan terms and conditions:

Employee Printed Name: _____

Date: _____

Employee Signature: _____

Date: _____

Company Representative: _____

Date: _____

This document can be used as a guide to draft an accountable plan for expense reimbursements. However, it is merely an example, and it is not meant to be adopted or adapted without consulting appropriate counsel from a tax attorney or Certified Public Accountant.

EXPENSE TRACKER

COMPANY NAME: _____

PERIOD FROM _____ TO _____

Mileage

Total _____

Rate (2024 - \$0.67 per mile) _____

Reimbursement _____

Mobile Phone

Total _____

Business Use % _____

Reimbursement _____

Internet

Total _____

Business Use % _____

Reimbursement _____

Other Expenses

Travel/Lodging/Meals & Entertainment

Travel _____

Lodging _____

Meals/Entertainment _____

Reimbursement _____

Notes: _____

Summary

Mileage _____

Mobile Phone _____

Internet _____

Travel/Lodging etc _____

Other Expenses _____

* Home Office _____

("Reimbursement Amount" from pg. 2
if applicable)

Total Reimbursement \$ _____

Timely submission of documentation is required by Federal tax law. Employee shall submit and keep copies of all related invoices and receipts associated with the expense reimbursement. The employee shall include description of the expense if it is not self-explanatory.

Employee Signature: _____

Date: _____

Company Signature

Authorizing Reimbursement: _____

Date: _____

HOME OFFICE EXPENSES

COMPANY NAME: _____

PERIOD FROM _____ TO _____

The Home Office Deduction is available to Schedule C filers, which generally includes businesses set up as Sole Proprietorships or Single-Member LLCs. A home office qualifies as your principal place of business if you use it "exclusively and regularly" for administrative activities and you have no other fixed location where you do so.

Typically, deductions for a home office are based on the percentage of the home devoted to business use. To determine the % of your deductions, take the square footage of the room(s) devoted to the business and divide that by the entire are of your home.

Home Office Sq Footage _____	/	Home's Total Sq Footage _____
= Business Use % _____		

HOA Dues	_____
Insurance	_____
Mortgage Interest	_____
Real Estate Taxes	_____
Rent	_____
Repairs & Maintenance	_____
Utilities	_____
Other	_____

Total: _____
(times)
Business Use % from above _____
(equals)
Reimbursement Amount: \$ _____

Employee Signature: _____

Date: _____

Company Signature

Authorizing Reimbursement: _____

Date: _____