

EXPENSE WORKSHEET FOR BUSINESS AUTO USAGE

COMPLETE ALL OF THE INFORMATION ON THIS FORM, OR YOU WILL NOT HAVE DEDUCTIBLE AUTO EXPENSE

NOTE: USE ONE FORM PER VEHICLE

CLIENT NAME _____

TAX YEAR _____

Description of the vehicle you used in business or for your travel expenses

Make: _____ Model: _____ Year: _____

What date did you start using this vehicle for business purposes _____



PLEASE COMPLETE THIS WORK SHEET TO CLAIM AUTO EXPENSES!

Odometer reading at the end of the year: _____ (as of December 31st - last year)

Odometer reading at the beginning of the year: _____ (as of January 1st - last year)

TOTAL MILES DRIVEN ALL YEAR: _____

(if you do not know your starting and ending mileage for last year, but know how many miles this vehicle was driven all year, please enter that amount on the "total miles driven" line)

How many miles did you drive strictly for **business**: _____

Total **commuting** miles: _____

(The miles driven between your home and work / or travel assignment)

Average daily miles from home to work: _____

Personal miles: _____

(Miles driven for all purposes other than business)

Did you? Own the vehicle Lease the vehicle

If you own: Did you use the Standard Mileage Rate last year or,

Did you use the Expense / Declaration Method

Purchase /Lease: Date: _____ Cost: \$ _____

If you lease: Monthly Lease Payment \$ _____

If you used the expense method last year or have leased vehicle, you must provide the following informational!:

- Fuel/Oil/Service Cost \$ _____
- Insurance \$ _____
- Repairs/Replacements Tires/Batteries \$ _____
- Registration \$ _____
- Care & Maintenance \$ _____
- Fuel/Oil/Service Cost \$ _____

Do you have a log? Yes No

Do you have receipts? Yes No

Were you reimburse by your employer? Yes No

How much \$ _____

Did you pay parking and / or tolls? Parking \$ _____ Tolls \$ _____

Did you use Taxi's and / or Mass Transit? Taxi's \$ _____ Mass Transit \$ _____

Is another vehicle available for personal use? Yes No