

EXPENSE WORKSHEET FOR BUSINESS AUTO USAGE

COMPLETE ALL OF THE INFORMATION ON THIS FORM

OR YOU WILL NOT HAVE DEDUCTIBLE AUTO EXPENSES

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 _____

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/Depreciation Method**.

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

If you lease Monthly Lease Payment \$ _____

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

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

Do you have a log? Yes No

Do you have receipts? Yes No

Were you reimbursed Yes No
by your employer? How much \$ _____

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

Did you use Taxis Taxis \$ _____
and/or Mass Transit? Mass Transit \$ _____

Is another vehicle available _____
for personal use? Yes No