

AUTO EXPENSES

Tax Year: _____ Name: _____ SS#: _____

Total mileage for the year _____

Business Miles* _____

Parking, Tolls, _____

*Include mileage for out of town trips if you drove this car

Do you have evidence of this information? _____ Is It written? _____

Is your car used for non-business use? _____ Do you have another car? _____

TELL US ABOUT YOUR VEHICLE

Year/Make/model: _____ Own? _____ Lease? _____

Diesel? _____ Electric? _____ Hybrid? _____

Date placed in service ____/____/____

Value of Car on in service date: _____

ACTUAL EXPENSES

Gas, oil, etc _____

Insurance _____

Repair Costs _____

Maintenance (car wash, detail, etc) _____

License Fees _____

Tires _____

Personal Property Tax on Auto _____

AAA or AutoClub Memberships _____

Annual Lease Payments _____

Annual interest or finance charges on loan _____

Miscellaneous _____

Mileage Summary:

Total Business Miles for year: _____

Total Commuting Miles for year _____

Total Miles Car went for the year _____