



AUTOMOBILE EXPENSES

	Vehicle 1	Vehicle 2
Description of Vehicle		
Dates of business use		
Is your car leased or owned?		
What was the purchase price of your vehicle, if owned?		
1. Do you have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odometer Reading at beginning of year		
Odometer Reading at end of year		
Total miles driven		
Total business miles (no commuting miles)		
Average daily commuting miles		
Was your vehicle depreciated last year?		
Vehicle Expenses		
Gasoline		
Oil Changes		
Repairs and maintenance		
Tires		
Towing		
Insurance		
Auto license and registration		
Personal property taxes		
Lease payments (if applicable)		
Interest on auto loan (if applicable)		
Auto Club		
Warranty		
Car Wash		

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: _____ Date: _____

Printed name: _____