



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: _____