

AUTO EXPENSE WORKSHEET

Name: _____ SSN: _____

Vehicle Information: Year _____ Make _____ Model _____

Profession used for: _____

Business Name: _____ (if required)

Date Placed in Service: ____/____/____

Do you have another vehicle available for personal use?	Y	N
Was your vehicle available for use during off hours?	Y	N
Do you have evidence to support your deductions?	Y	N
Is the evidence written?	Y	N

Total Vehicle Mileage: Jan 01: _____ Dec. 31: _____

Enter the number of miles vehicle was used for:

Business Miles _____ Commuting _____ Other _____

Expenses:

Garage Rent	
Fuel	
Insurance	
Licenses	
Oil	
Repairs	
Parking Fees	
Lease Payments	
Interest Paid	
Personal Property Taxes	
Tires	
Tolls	
Other Expenses (List)	