

AUTO EXPENSE WORKSHEET

NOTE: Immediately Save Auto Expense Worksheet prior to filling in the form

Year: _____

Taxpayer's Name: _____ Occupation: _____

Spouse's Name: _____ Occupation: _____

What is auto used for? (Check all that apply)

Employer
Meetings/Job Related
Charitable
Medical

Sch C or Sch F
Job to School
Tax Prep/Invest
Other _____

Moving
Two (2) Jobs
Rental

- | | | |
|---|----------------------------------|-------------------------------|
| 1. Do you own more than one (1) vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your employer provide the vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you reimbursed by your employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If reimbursed, is the payment included in W-2? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are your records written or oral? | <input type="checkbox"/> Written | <input type="checkbox"/> Oral |

VEHICLE INFORMATION

	Vehicle 1	Vehicle 2
Year/make	_____	_____
Date placed in service	_____	_____
Date retired	_____	_____
Purchase price	_____	_____
Selling price	_____	_____
Trade-in?	_____	_____
Ending odometer reading	_____	_____
Beginning reading	_____	_____
Total miles	_____	_____
Business miles	_____	_____
Commuting miles	_____	_____
Personal miles	_____	_____
Business use percent	_____	_____

EXPENSES

Gas & oil	\$ _____	\$ _____
Insurance/auto club	_____	_____
Maintenance and repairs	_____	_____
License (do not include personal property tax)	_____	_____
Wash/wax/misc.	_____	_____
Tires/battery	_____	_____
Vehicle rental	_____	_____
Lease payments	_____	_____
_____	_____	_____
TOTAL	\$ _____	\$ _____

OTHER

Parking/tolls	\$ _____	\$ _____
Miscellaneous _____	_____	_____