

AUTO EXPENSE WORKSHEET

Year: _____

Taxpayer's Name: _____ Occupation: _____

Spouse's Name: _____ Occupation: _____

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

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Sch C or Sch F | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Meetings/Job Related | <input type="checkbox"/> Job to School | <input type="checkbox"/> Two (2) Jobs |
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Tax Prep/Invest | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ | |

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|---|----------------------------------|-------------------------------|
| 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

	\$ _____	\$ _____
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OTHER

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