

## EXPENSE WORKSHEET FOR BUSINESS AUTO USAGE

COMPLETE ALL OF THE INFORMATION ON THIS FORM

OR YOU WILL NOT HAVE DEDUCTIBLE AUTO EXPENSES

NOTE: USE ONE FORM PER VEHICLE

Client Name \_\_\_\_\_ Tax Year \_\_\_\_\_

Description of the vehicle you used in business or for your travel expenses

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

### PLEASE COMPLETE THIS WORK SHEET TO CLAIM AUTO EXPENSES!

Odometer reading at the **end** of the year: \_\_\_\_\_ (as of December 31st - last year)

Odometer reading at the **beginning** of the year: < \_\_\_\_\_ > (as of January 1st - last year)

**TOTAL MILES DRIVEN ALL YEAR:** \_\_\_\_\_

(if you do not know your starting and ending mileage for last year, but know how many miles this vehicle was driven all year, please enter that amount on the "total miles driven" line)

How many miles did you drive **strictly** for business: \_\_\_\_\_

Total **commuting** miles: \_\_\_\_\_

(The miles driven between your home and work or travel assignment)

Average daily miles from home to work: \_\_\_\_\_

**Personal** miles: \_\_\_\_\_

(Miles driven for all purposes other than business)

Did you? \_\_\_\_\_ Own the vehicle \_\_\_\_\_ Lease the vehicle \_\_\_\_\_

If you own: \_\_\_\_\_ Did you use the **Standard Mileage Rate** last year or,  
\_\_\_\_\_ Did you use the **Expense/Depreciation Method**.

Purchase/lease: \_\_\_\_\_ Date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

If you lease \_\_\_\_\_ Monthly Lease Payment \_\_\_\_\_ \$ \_\_\_\_\_

If you used the expense method last year or have a leased vehicle, you must provide the following information:

Fuel/Oil/Service Cost \_\_\_\_\_ \$ \_\_\_\_\_

Insurance \_\_\_\_\_ \$ \_\_\_\_\_

Repairs/Replacements - Tires/Batteries \_\_\_\_\_ \$ \_\_\_\_\_

Registration \_\_\_\_\_ \$ \_\_\_\_\_

Care & Maintenance \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses \_\_\_\_\_ \$ \_\_\_\_\_

Do you have a log? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have receipts? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Were you reimbursed  
by your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
How much \_\_\_\_\_ \$ \_\_\_\_\_

Did you pay parking  
and/or tolls? \_\_\_\_\_  
Parking \$ \_\_\_\_\_  
Tolls \$ \_\_\_\_\_

Did you use Taxis  
and/or Mass Transit? \_\_\_\_\_  
Taxis \$ \_\_\_\_\_  
Mass Transit \$ \_\_\_\_\_

Is another vehicle available  
for personal use? \_\_\_\_\_ Yes! \_\_\_\_\_ No \_\_\_\_\_