

# 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 _____     |                                       |

- |   |                                  |                               |
|---|----------------------------------|-------------------------------|
| 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 .....	_____	_____
<b>TOTAL</b> .....	<b>\$ _____</b>	<b>\$ _____</b>

## OTHER

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