

<b>Auto and Truck Expense Worksheet</b>	<b>VEHICLE 1</b>	<b>VEHICLE 2</b>	<b>VEHICLE 3</b>	<b>VEHICLE 4</b>
Make and Model				
Year of Vehicle				
Date Purchased or Acquired				
Date placed in business service				
Type of Vehicle ( <i>Auto or Truck</i> )				
Total Miles Driven ( <i>Sum equals 3 lines below</i> )				
Business Miles				
Commuting Miles				
Personal Miles				
Did you have another vehicle for personal use?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the vehicle used primarily by owner or related person?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have written evidence of business use claimed ( <i>i.e. mileage log, report</i> )?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the vehicle leased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Actual Expenses (If using this method, typical of heavy or costly vehicles):</b>				
Cost of Vehicle ( <i>including special installed equipment - i.e. Toolbox, Plow</i> )				
Gasoline				
Oil, Maintenance and Repairs				
Insurance				
Registration and License				
Lease Payments				
Interest <b>ONLY</b> portion of Vehicle loan payments ( <i>NOT full monthly payment</i> )				
Did you sell or trade in a previously used business vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
*If YES, please include the dealer invoice or other documentation.				