AUTO EXPENSE WORKSHEET

Year:				
Taxpayer's Name:	Occupation:_			
Spouse's Name:	Occupation:_	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	
 Do you own more than one (1) vehicle? Does your employer provide the vehicle? Are you reimbursed by your employer? If reimbursed, is the payment included in W-2? Are your records written or oral? 	Yes NoYes NoYes NoYes NoWritten Ora	I		
VEHI	CLE INFORMATION			
Ver andre also		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			\$ - - - - -	
TOTAL	\$		\$.	
	OTHER			
Parking/tolls			\$.	
Miscellaneous				