



Auto Expense Worksheet

Use one sheet per vehicle.

1. Taxpayer name: _____
2. Social Security Number: _____
3. These expenses are for what income? **Circle One:**

Self-employment Income (Schedule C)

Farm income (Schedule F)

Rental income (Schedule E)

4. Description of vehicle - Year, make, and model: _____
5. Date placed in service: _____

Circle correct answer for each question:

6. I have another vehicle for personal use **YES** **NO**
7. I use this vehicle during off-duty hours **YES** **NO**
8. I have evidence of support this deduction **YES** **NO**

(If **NO** is answered to question #8 then no deduction can be taken)

9. Total number of business miles – Please provide log _____
(Mileage logs must include: date of trip, mileage, starting location, ending location, and purpose of trip)

10. Other deductible vehicle expenses – (i.e. Parking Fees, Tolls, etc.)

Please describe and list deductible amount: _____

Documentation must be legible and submitted in the correct format for us to process the return. Failure to submit complete documentation in the correct format will result in our inability to review or process any part of this return. To be considered complete questions #1 - #10 must be answered and the form signed for all taxpayers claiming mileage or any auto expenses.

I, the undersigned, hereby certify that all the information provided on this form is true and correct.

Taxpayer Signature: _____

Date: _____