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		Movi Two Rent	(2) Jobs
 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	al		
VEHIC	LE INFORMATION			
Year/make		Vehicle 1		Vehicle 2
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	\$		\$_	
Parking/tolls	OTHER\$		\$_	
Miscellaneous_				