

Auto Expense Worksheet

Name:

SSN:

For

Business name and Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?

Yes No

Was your vehicle available for use during off Duty hours?

Yes No

Do you have evidence to support your deduction?

Yes No

If "Yes," is the evidence written?

Yes No

Enter the number of miles your vehicle was used for:

a Business miles _____

b Commuting _____

c Other _____

Expenses:

Garage rent _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking fees _____

Lease payments _____

interest _____

Property tax _____

Repairs _____

Tires _____

Tolls _____

Other expenses (list):
