

Client Name: _____

Vehicle Expenses

Please Select One Vehicle Use

Business (Schedule C)

Rental (Schedule E)

Medical Miles (Schedule A)

Charitable Miles (Schedule A)

Vehicle Information (circle answer)

Vehicle used primarily by more than 5% owner

Y	N
---	---

Vehicle is available for off-duty personal use

Y	N
---	---

No other vehicle is available for personal use

Y	N
---	---

Written mileage log

Y	N
---	---

VEHICLE

Description of vehicle

Date placed in service (mm/dd/yyyy)

Total mileage

Business mileage

Actual Expenses:

Gasoline, lube, oil

Repairs

Tires

Insurance

Miscellaneous

Auto license (other than personal property tax)

Personal property tax

Vehicle rent or lease payments

Interest (car loan)