

Auto and Truck Expense worksheet	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year of Vehicle				
Make and Model of vehicle				
Date Purchased or Acquired				
Date placed in business service				
Type of Vehicle (Auto or Truck)				
Total miles driven (sum equals 3 lines below)				
Business miles				
Commuting miles				
Personal miles				
Did you have another vehicle for personal use-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vehicle used primarily by owner or related person-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have written evidence (mileage log, report) of business use claimed-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this vehicle leased-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Actual Expenses (If using this method, typical of heavy or costly vehicles):				
Cost of Vehicle (including special installed equipment i.e. Tool box, Plow)				
Gasoline				
Oil, maintenance and repairs				
Insurance				
Registration and license				
Lease payments				
Interest ONLY portion of Vehicle loan payments (NOT full monthly payment)				
Did you sell or trade in a previously used business vehicle-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please include the dealer invoice or other documentation.				