

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession/product _____

Description _____

Date placed in service _____

Was this vehicle available for use during off-duty hours? Yes No

Do you or your spouse have another vehicle available for personal use? 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:	2019	2018	Prior year total
a Business			Business
b Commuting			Total
c Other			

Expenses

	2019	2018
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Rental fees		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Lease addbacks		
Other expenses (list):	Apply business %	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	