

## 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:

	2020	2019		Prior year total
a Business . . . . .			Business	
b Commuting . . . . .			Total	
c Other . . . . .				

**Expenses**

	2020	2019
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"/>	