

# 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:	2014	2013
<b>a</b> Business miles		
<b>b</b> Commuting		
<b>c</b> Other		

<b>Expenses:</b>	2014	2013
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		

Other expenses (list):	Apply Business %	2014	2013
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		