

AUTO EXPENSE WORKSHEET

VEHICLE DESCRIPTION	DATE IN SERVICE
VEHICLE #1:	
VEHICLE #2:	
VEHICLE #3:	
VEHICLE #4:	

MILEAGE	W-2 INCOME Business Miles Employee Business Expense	1099 INCOME Business Miles Self-Employed (Schedule #C)	COMMUTING MILES	OTHER PERSONAL	TOTAL MILES
VEHICLE #1:					
VEHICLE #2:					
VEHICLE #3:					
VEHICLE #4:					

IF NOT USING STANDARD MILEAGE DEDUCTION, PLEASE FILL OUT BELOW
(NOTE: All Leased Vehicles Must Fill Out Below)

EXPENSE	VEHICLE#1	VEHICLE #2	VEHICLE #3	VEHICLE #4	TOTALS
Gasoline					
Oil & Repairs					
Tires					
Registration(*)					
Lease Pmts or					
Loan Interest(*)					
Insurance					
Less Any Amts	()	()	()	()	()
Received for	()	()	()	()	()
Reimbursement	()	()	()	()	()
TOTALS					

(*) Please fill these out even if using standard mileage.