

Auto Expense Worksheet

Name:

SSN:

For

Profession/Product

Business name

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off 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:

2009

2008

a Business miles

b Commuting

c Other

Expenses:

2009

2008

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %