Auto Expense Worksheet

Tax Year: \_\_\_\_\_\_\_\_\_

 Name of business vehicle is used for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Description of Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes No

 \_\_\_ \_\_\_ Was this vehicle available for use during off-duty hours?

 \_\_\_ \_\_\_ Was another vehicle available for personal use?

 \_\_\_ \_\_\_ Do you have evidence to support your deduction?

 \_\_\_ \_\_\_ If “Yes,” if the evidence written?

**Mileage:** Number of miles the vehicle was driven during the calendar year

 Business: 1/1/22-6/30/22\_\_\_\_\_\_\_\_\_ 7/1/22-12/31/22\_\_\_\_\_\_\_\_\_\_

 Medical: 1/1/22-6/30/22\_\_\_\_\_\_\_\_\_ 7/1/22-12/31/22\_\_\_\_\_\_\_\_\_\_

 Other: 1/1/22-6/30/22\_\_\_\_\_\_\_\_\_ 7/1/22-12/31/22\_\_\_\_\_\_\_\_\_\_

If we have used actual expenses in the past instead of the standard mileage rate, please fill out section below with expenses paid during the calendar year:

Gas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is true to the best of my knowledge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Taxpayer Signature Spouse Signature Date