

## 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

**a** Business miles

**b** Commuting

**c** Other

**Expenses:**

2014

2013

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %