Auto Expense Worksheet

Name: **SSN:**

Profession/Business

Description _____

Date placed in service _____

Enter the number of miles your vehicle was used for:	2006	2005
a Business		
b Commuting		
c Other		

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**

Expenses:

	2006	2005
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Repairs		
Tires		
Tolls		
Registration fees		
Other Expenses: (Apply Business %)		
_____ ☐		
_____ ☐		
_____ ☐		

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