2025

Auto Expense Worksheet

Name: SSN:

General Information

For _____

Business name and profession / product _____

Description _____

Date placed in service _____

Was this vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

Do you or your spouse have another vehicle available for personal use? ☐ 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:	**2025**	**2024**		**Prior year total**
Business			Business	
Commuting			Total	
Other				

Expenses

	2025	**2024**
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Rental fees		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Lease addbacks		

Other expenses (list):

	Apply business %		
	☐		
	☐		
	☐		