

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:

2024

2023

Prior year total

Business	_____	_____	Business	_____
Commuting	_____	_____	Total	_____
Other	_____	_____		

Expenses

Garage rent	_____	_____	
Gas	_____	_____	
Insurance	_____	_____	
Licenses	_____	_____	
Oil	_____	_____	
Parking fees	_____	_____	
Rental fees	_____	_____	
Interest	_____	_____	
Property tax	_____	_____	
Repairs	_____	_____	
Tires	_____	_____	
Tolls	_____	_____	
Lease addbacks	_____	_____	
Other expenses (list):			
_____	Apply business %	_____	
_____	<input type="checkbox"/>	_____	
_____	<input type="checkbox"/>	_____	
_____	<input type="checkbox"/>	_____	