



Helping You Keep More of What You Earn

Auto Expense Worksheet

Year: _____

Taxpayer's Name: _____ Occupation: _____

Spouses' Name: _____ Occupation: _____

What is the auto used for? (Check all that apply)

- Employer Sch C or Sch F Moving Medical
 Meetings/ Job Related Job to School Two(2)Jobs
 Charitable Tax Prep/ Invest Rental Other _____

Vehicle Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Year/ Make	_____	_____
Date Placed in service	_____	_____
Date retired	_____	_____
Purchase Price	\$ _____	_____
Selling Price	\$ _____	_____
Trade-in	_____	_____
End odometer reading	_____	_____
Begin odo reading	_____	_____
Total Miles	_____	_____
Business Miles	_____	_____
Commuting Miles	_____	_____
Personal Miles	_____	_____
Business use percent	_____	_____

Expenses

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Interest	_____	_____
(Only if business, not employee)		
**Don't fill in the amounts if using STD mileage deduction rate		
Gas & oil	_____	_____
Insurance/ auto club	_____	_____
Maintenance & repair	_____	_____
License/ Registration	_____	_____
Wash/ wax/misc.	_____	_____
Tires/ battery	_____	_____
Vehicle rental	_____	_____
Lease Payments	_____	_____
Subtotal	_____	_____
Parking/tolls	_____	_____
Miscellaneous	_____	_____
Less Amount of any reimbursement	_____	_____

Signature: _____

Date: _____

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