



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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