2009

Auto Expense Worksheet		
Name: SSN:		
Fac		
For		
Business name		
Description		
Date placed in service		
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?		
Enter the number of miles your vehicle was used for:	2009	2008
a Business miles		
b Commuting		
c Other		
Expenses:	2009	2008
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Other expenses (list): Apply Business %		