

Car/Truck Expenses

Client Name _____ Date _____

Vehicle Use (Circle One)

Business (Sched. C)
Rental (Sched. E)

Medical (Sched. A)
Charitable (Sched. A)

Vehicle Information

Description of Vehicle	
Date Placed In Service	

Was the vehicle available for personal use during off-duty hours?	Y	N
Did you have another vehicle available for personal use?	Y	N
Do you have evidence to support the use of this vehicle?	Y	N
If yes, is the evidence written?	Y	N

Total Mileage		miles
Business Mileage		miles

Vehicle Expenses

Fuel	\$	
Insurance	\$	
Interest	\$	
Licenses	\$	
Parking	\$	
Rental Fees	\$	
Repairs	\$	
Supplies	\$	

Taxes	\$	
Tires	\$	
Tolls	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	