



SMALL BUSINESS GROUP

2018 FRINGE BENEFITS FORM – AUTO

Name: _____ SSN: _____ - _____ - _____

(NOTE: Please complete a separate form for each Shareholder or Employee who was provided a vehicle

Year, Make & Model of Vehicle _____ Owned Leased

Report all vehicles driven during the year:

Table with 4 columns: Question, Vehicle 1, Vehicle 2, Vehicle 3. Rows include Odometer reading Beginning of Year, Odometer reading End of Year, Total miles driven (line 2 minus line 1), Total Business miles driven for the Year, and Total Personal miles driven for the Year.

Was the vehicle(s) available during off-duty hours? Yes No Yes No Yes No
Was another vehicle available for personal use? Yes No Yes No Yes No
Are records kept to justify business miles? Yes No Yes No Yes No
Was the evidence written? Yes No Yes No Yes No

Signature: _____ Date: _____
Preparer of the form and phone number