

### Auto Mileage Form – 2015

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Shareholder/Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**(NOTE: Please complete a separate form for each Shareholder or Employee if applicable for more than one)**

Did you provide the use of a corporate owned or leased vehicle for the personal use by a shareholder or employee?

Yes  No

If yes, please answer all of the following:

Year, Make & Model of Vehicle \_\_\_\_\_  Owned  Leased

Was a vehicle purchased in 2015?  Yes  No (If No, complete mileage info for OLD Vehicle)

If yes, what was the cost? \$ \_\_\_\_\_

If yes, please provide mileage on both vehicles:

Disclosure Requirements:

	<u>OLD Vehicle</u>	<u>NEW Vehicle</u>
1. Odometer reading ending November 30, 2014	_____	_____
2. Current Odometer reading	_____	_____
3. Total miles driven (line 1 minus line 2)	_____	_____
4. Total personal & commuting miles included in line 3	_____	_____
5. Was the vehicle(s) available during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do adequate records of sufficient evidence exist to justify business miles?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Was the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_