

**SELF-EMPLOYED OR EMPLOYEE BUSINESS EXPENSE REPORT
FOR SCHEDULE C OR FORM 2106**

TAXPAYER'S NAME _____
SOCIAL SECURITY # _____ **TAXABLE YEAR** _____

I. VEHICLE INFORMATION: AUTO #1 AUTO #2

A. ACTUAL EXPENSES:

- | | | |
|---|-------|-------|
| 1. GAS AND OIL | _____ | _____ |
| 2. REPAIRS | _____ | _____ |
| 3. INSURANCE | _____ | _____ |
| 4. MISCELLANEOUS | _____ | _____ |
| 5. VEHICLE RENTALS | _____ | _____ |
| 6. PARKING FEES, TOLLS, ETC. | _____ | _____ |
| 7. EMPLOYER REIMBURSEMENTS (NOT ON W-2) | _____ | _____ |

B. VEHICLE INFORMATION:

- | | | |
|-------------------------------|-------|-------|
| 1. DATE PURCHASED | _____ | _____ |
| 2. COST (ATTACH BILL OF SALE) | _____ | _____ |

C. INFORMATION REQUIRED FOR TAX PURPOSES:

- | | | |
|--|-----------|----------|
| 1. TOTAL MILES DRIVEN | _____ | _____ |
| 2. TOTAL BUSINESS MILES | _____ | _____ |
| 3. TOTAL COMMUTING MILES | _____ | _____ |
| 4. TOTAL OTHER PERSONAL MILES | _____ | _____ |
| 5. DAILY ROUNDTRIP COMMUTING DISTANCE | _____ | _____ |
| 6. NUMBER OF COMMUTES PER PERIOD | _____ | _____ |
| 7. WAS VEHICLE AVAILABLE DURING OFF DAY HOURS? | YES _____ | NO _____ |
| 8. WAS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE? | YES _____ | NO _____ |
| 9. DO ADEQUATE RECORDS OR SUFFICIENT EVIDENCE EXIST TO JUSTIFY BUSINESS MILES? | YES _____ | NO _____ |
| 10. IS THE EVIDENCE WRITTEN? | YES _____ | NO _____ |

II. BUSINESS EXPENSES OTHER THAN MEALS AND ENTERTAINMENT:

- | | |
|------------------------------|-------|
| 1. TRAVEL EXPENSE WHILE AWAY | _____ |
| 2. OTHER BUSINESS EXPENSES | _____ |

III. MEALS AND ENTERTAINMENT: _____

I DECLARE THAT I HAVE EXAMINED THIS INFORMATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

SIGNATURE: _____ **DATE** _____

SIGNATURE: _____ **DATE** _____

***** THIS FORM MUST BE COMPLETED AND SIGNED IF YOU ARE ***
DEDUCTING AUTO, TRAVEL AND ENTERTAINMENT EXPENSES**