Famiglio & Associates

A Professional Accountancy, Tax, & Financial Group

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Business Expense Report for Schedule C or Form 2106 Self-Employed or Employee

| axpayer: | Please Print | Social Security #: | | |
|--------------|--|---------------------------|-------------------------|-----------|
| Spouse: | | Social Security #: | | |
| | | Taxable Year: | | |
| I. Vehi | cle Information: | | Auto I | Auto II |
| Α. | Actual Expenses: | | | |
| | 1. Gas & Oil | | | |
| | 2. Repairs | | | |
| | 3. Insurance | | | |
| | 4. Miscellaneous | | | |
| | 5. Vehicle Rentals | | | |
| | 6. Parking Fees, Tolls, Etc. | | | |
| | 7. Employer Reimbursements (Not On W-2) | | | |
| В. | Vehicle Details: | | | |
| | 1. Date Purchased | | | |
| | 2. Cost (Attach Bill Of Sale, Including Make & M | lodel) | | |
| 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 | ? (Circle One) | Yes / No? | Yes / No? |
| | 8. Was Another Vehicle Available For Personal | | Yes / No? | Yes / No? |
| | 9. Do Adequate Records or Sufficient Evide | nce Exist To | | |
| | Justify Business Miles? | | Yes / No? | Yes / No? |
| | 10. Is The Evidence Written? | | Yes / No? | Yes / No? |
| II. Busi | ness Expenses Other Than Meals & Entertainment: | | | |
| | 1. Travel Expense While Away | | | |
| | 2. Other Business Expenses | | | |
| III. Meal | s & Entertainment: | | | |
| leclare that | I have examined this information and to the best of my | knowledge & belief, it is | true, correct, & comple | ete. |
| axpayer: | Please Sign | | Date: | |
| oouse: | Please Sign | | Date: | |