

# Auto Expense Worksheet

If you are a truck driver/or in the transportation industry,  
please complete the Truck Driver/Transportation worksheet



**tax defense**  
NETWORK

Client Name:

Tax Year:

## VEHICLE INFORMATION

Business Name  
& Profession

Description of Vehicle:

Date Placed In Service:

Do you or your spouse have another vehicle available for personal use?      YES                      NO

Was your vehicle available for use during off-duty hours?      YES                      NO

Do you have evidence to support your deduction?              YES                      NO

If yes, is the evidence written?              YES                      NO

Enter the Number of Miles Your Vehicle Was Used for Each Purpose Below:

*Business Miles:*                      *Commuting:*                      *Other:*

## AUTO RELATED EXPENSES

Garage Rent:	\$		Gas:	\$
Insurance:	\$		Licenses:	\$
Tolls:	\$		Parking Fees:	\$
Lease Payments:	\$		Repairs:	\$
Tires:	\$		Oil:	\$
Other Expenses( List)			Business % to Apply	%
	\$			
	\$			

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Partner/Spouse

\_\_\_\_\_  
Date