

Please enter all pertinent amounts. **Please retain support for all reported amounts.**

GENERAL INFORMATION

This Year

Description of vehicle	
1=no evidence to support your deduction	
1=no written evidence to support your deduction	
1=vehicle is available for off-duty personal use	
1=no other vehicle is available for personal use	
1=vehicle used primarily by more than 5% owner	
Number of months of business use if changed from 100% personal use	

AUTOMOBILE MILEAGE

Total mileage (for the tax year)	
Business mileage	
Commuting mileage (for the tax year)	
Average daily round-trip commute	

ACTUAL EXPENSES

Parking fees and tolls (business portion only)	
Gasoline, lube, oil	
Repairs	
Tires	
Insurance	
Miscellaneous	
Auto license (other than personal property taxes)	
Personal property taxes (based on car's value)	
Interest (car loan) (for Schedule C, E & F)	
Vehicle rent or lease payments	
Inclusion amount (enter as positive)	
Value of employer-provided vehicle on Form W-2 (2106)	

MILEAGE SHOULD BE RECORDED FOR A VEHICLE REGARDLESS OF THE METHOD (MILEAGE OR ACTUAL) THAT WE USE.

IF WE ARE USING ACTUAL (WRITING OFF THE VEHICLE THROUGH DEPRECIATION) WE CAN WRITE OFF THE ACTUAL EXPENSES EACH YEAR.

IF WE ARE USING MILEAGE, THE MILEAGE RATE INCLUDES DEPRECIATION, GAS, REPAIRS, ETC.

TO WRITE OFF A CAR IN THE FIRST YEAR (179 OR BONUS), IT MUST BE USED MORE THAN 50% FOR BUSINESS

****IF BUSINESS USE FALLS BELOW 50% (AFTER WRITING IT OFF) DEPRECIATION RECAPTURE MAY APPLY****

Please enter indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

Form.....
Number of form (e.g., enter 2 for Schedule C number 2).....
Business use area (square footage).....
Total area of home (square footage).....
Total hours facility used (for daycare facilities only).....
Total hours available (if not 8,760).....
Area of home included above used exclusively for daycare business, if any (sq ft).....
% (.xx) or amount of gross income from home if not 100% (-1 if none).....
% (.xx) or amount of expenses from home if not 100% (-1 if none).....

INDIRECT EXPENSES

Please provide the full amounts

NOTE: Indirect expenses are for keeping up and running your entire home.
They benefit both the business and personal parts of your home.

Mortgage interest.....
Real estate taxes.....
Casualty losses.....
Insurance.....
Miscellaneous.....
Rent.....
Repairs and maintenance.....
Utilities.....
Excess mortgage interest.....
Excess real estate taxes.....

Other indirect expenses:

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include
painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....
Real estate taxes.....
Casualty losses.....
Insurance.....
Miscellaneous.....
Rent.....
Repairs and maintenance.....
Utilities.....
Excess mortgage interest.....
Excess real estate taxes.....
Excess casualty losses.....
Allowable casualty losses.....

Other direct expenses:

