

Vehicle & Auto Travel Checklist		Tax Year:
<p>This checklist is to be used as a guide and starting point for organizing your Vehicle & Auto Travel expenses related to the conduct of business, and may not include all potential deductions or credits. If you have additional expenses or income not included on the organizer that you feel could be used when preparing your income tax return, please document those in the NOTES section and discuss these with your tax preparer.</p> <p>Complete one page per vehicle. If including a mileage log, please print the detailed log which can be found on our website and attach it to the Vehicle & Auto Travel Organizer.</p> <p>Please verify the information for accuracy as this information will be included on your tax return that will be submitted to the IRS. It is the responsibility of the taxpayer to collect and retain all supporting documentation for your files.</p> <p>Please bring the completed organizer with you to your appointment. Should you have additional questions, feel free to contact us by email: dollartax@dollarincometax.com or phone: 404-753-8048.</p>		
Name:	Business:	

Vehicle #1		
Make & Model:	Date Placed in Service:	
Is this vehicle Leased or owned? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased		
Was this vehicle purchased during the current tax year? If yes, date of purchase.		<input type="checkbox"/> No Yes, date: <input checked="" type="checkbox"/>
Was this vehicle depreciated in a prior year?		<input type="checkbox"/> No Yes, date: <input checked="" type="checkbox"/>
Odometer Reading at start of year:	Odometer Reading at End of Year:	
Total Miles:		
Business Miles:	Personal Miles:	
Commute Miles:	Average Round Trip Commute:	
Is Another Vehicle Available for Personal Use?	<input type="checkbox"/> No Yes	

Vehicle #1 Expenses (Per YEAR)			
Auto Insurance:	\$	Auto Lease:	\$
Auto Loan Interest:	\$	Rental Fees:	\$
Fuel:	\$	License / Registration Fees:	\$
Parking Fees:	\$	Auto Repair / Maintenance:	\$
Tires:	\$	Toll Fees:	\$
Towing:	\$	Washing:	\$
Warranty	\$	Emissions:	\$
Roadside Assistance/Auto Club:	\$	Other:	\$

- Additional Vehicle & Auto Expense Attached No additional vehicles/autos to report
- Mileage Log Included (Please complete mileage log per vehicle)

Preparer Notes:		
Reviewed by:		Date:

Vehicle & Auto Travel Checklist – ADDITIONAL Vehicle(s)

Tax Year:

Please complete this ADDITIONAL Vehicle & Auto Travel checklist for any additional vehicle. See instructions on page 1 for additional instructions.

Name:	Business:
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Vehicle # _____

Make & Model:	Date Placed in Service:
Is this vehicle Leased or owned? <input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Was this vehicle purchased during the current tax year? If yes, date of purchase. <input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____	
Was this vehicle depreciated in a prior year? <input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____	
Odometer Reading at start of year:	Odometer Reading at End of Year:
Total Miles:	
Business Miles:	Personal Miles:
Commute Miles:	Average Round Trip Commute:
Is Another Vehicle Available for Personal Use?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Vehicle # _____ Expenses (Per YEAR)

Auto Insurance:	\$	Auto Lease:	\$
Auto Loan Interest:	\$	Rental Fees:	\$
Fuel:	\$	License / Registration Fees:	\$
Parking Fees:	\$	Auto Repair / Maintenance:	\$
Tires:	\$	Toll Fees:	\$
Towing:	\$	Washing:	\$
Warranty	\$	Emissions:	\$
Roadside Assistance/Auto Club:	\$	Other:	\$

Additional Vehicle & Auto Expense Attached

No additional vehicles/autos to report

Mileage Log Included (Please complete mileage log per vehicle)

Preparer Notes:

Reviewed by:	Date:
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