

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 tax payer 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?			
Was vehicle purchased during 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:	

Vehicle #1 Expenses (Per YEAR)			
Auto Insurance:		Auto Lease:	
Auto Loan Interest:		Rental Fees:	
Gasoline / Oil:		License / Registration Fees:	
Parking Fees:		Auto Repair / Maintenance:	
Tires:		Toll Fees:	
Towing:		Washing:	
Warranty		Smog Certificate:	
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:

Vehicle # _____			
Make & Model:		Date Placed in Service:	
Is this vehicle Leased or owned?			
Was vehicle purchased during 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:	

Vehicle # _____ Expenses (Per YEAR)			
Auto Insurance:		Auto Lease:	
Auto Loan Interest:		Rental Fees:	
Gasoline / Oil:		License / Registration Fees:	
Parking Fees:		Auto Repair / Maintenance:	
Tires:		Toll Fees:	
Towing:		Washing:	
Warranty		Smog Certificate:	
Auto Club:		Other:	

Preparer Notes:	
Reviewed by:	Date: