

Vehicle Information Sheet

Taxpayer Name and TIN _____

Name of Business _____

Principal Business or Profession _____

Listed Property Questions for 2018:

Do you have evidence to support your deduction?	YES	NO
If Yes, is the evidence written?	YES	NO
Do you have evidence to support the business use percentage?	YES	NO
If Yes, is the evidence written?	YES	NO

Vehicle:	Vehicle 1		Vehicle 2	
Description of Vehicle	_____		_____	
Date placed in service (month, date, year)	_____		_____	
Do you (or your spouse) have another Vehicle available for your personal use?	YES	NO	YES	NO
Was your vehicle available for use during Off-duty hours?	YES	NO	YES	NO

Mileage:

Total Miles	_____	_____
Total Business Miles	_____	_____
Total Commuting Miles for the Year	_____	_____

Actual Expenses:

Gasoline, oil, repairs, insurance, etc.	_____	_____
Interest	_____	_____
Taxes	_____	_____
Fair market value of leased vehicle	_____	_____
Vehicle rentals/leases	_____	_____

Taxpayer Signature

Date