Auto & Truck Expenses Worksheet		Annual Expenses	
Business Name		Gas	$
Vehicle 1: Year, Make, Model		Oil	$
Date Purchased		Parking Fees	$
Date Placed in Service		Tolls	$
Total Miles Driven		Property Tax	$
Business Miles		Garage rent	$
Commuting Miles		Repairs	$
Other Miles		Tires	$
Beginning Odometer		Insurance	$
Ending Odometer		Licenses	$
Was vehicle leased?	Yes / No	Interest	$
Lease Payments (Annual)	$	Other Expenses	LIST BELOW
Vehicle used primarily by a more than 5% owner or related person?			Yes / No
Was the vehicle available for personal use during off-duty hours?			Yes / No
Do you or your spouse have another vehicle available for your personal use?			Yes / No
Do you have written evidence to support this deduction?			Yes / No

Business Use of Home			
Business Name		Total Home Square Footage	
Date Placed in Service		Office Square Footage	
Number of months office was used regularly (at least 15 days per month) and exclusively for business			
Home Utilities Expense: Electricity, Gas, Water, Sewer, Trash		Total Expenses:	
HOA/POA, Homeowners Insurance, Other Expenses		Total Expenses:	

Asset Aquisitions	Acquisition Date	Acquisition Cost
		$
		$
		$
		$
	TOTAL:	$

Asset Dispositions	Disposition Date	Proceeds
		$
		$
		$
		$
	TOTAL:	$

Notes / Other Information