## Auto \& Travel Expense

Please complete this section if auto is used for business. DO NOT complete this section if auto

Taxpayer / Spouse/ is used only for commuting to and from work and

Vehicle 1 Vehicle 2 for personal travel.

| Description of Vehicle Make/Model |  |  |
| :--- | :--- | :--- |
| Date Orginally Purchased or Leased |  |  |
| Total Miles Auto Driven, Personal \& Business |  |  |
| Cost or Value of Vehicle |  |  |
| Business Miles Driven |  |  |
| For Employer |  |  |
| To Professional Meetings |  |  |
| Between 1st \& 2nd Job |  |  |
| From Job to School |  |  |
| Job Seeking |  |  |
| Investment/Tax Preparation |  |  |
| Rental |  |  |
| Self-employed Business |  |  |
| Other |  |  |
| Average Daily Round-Trip Commute |  |  |
| Total Commuting for the Year |  |  |


| Parking |  |  |
| :--- | :--- | :--- |
| Gasoline, Oil Lubrication |  |  |
| Repairs \& Maintenance (Tires, Batteries, Etc). |  |  |
| Insurance |  |  |
| License \& Taxes |  |  |
| Interest |  |  |
| Wash \& Wax |  |  |
| Lease Payments |  |  |
| Other (AAA, Smog, etc) |  |  |

## AWAY FROM HOME BUSINESS TRAVEL EXPENSES

| Air Fare |  |  |
| :--- | :--- | :--- |
| Auto Rental, Taxi, Etc. |  |  |
| Meals and Tips |  |  |
| Lodging and Tips |  |  |
| Laundry |  |  |
| If Reimbursed, Days away Overnight (Intinerary Required) |  |  |
| Other (Eg, Tips, Luggage, Sundries) |  | - |
| SUBTOTAL <br> TOTAL |  | - |

