

Auto Expense Worksheet

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Name:	SSN:
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Business name and profession:		
Description of Vehicle:		
Date Placed in Service:		
Do you have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the number of miles your vehicle was used for:

a. Business miles	
b. Commuting	
c. Other	

Expenses:	
Garage rent	
Gas	
Insurance	
Licenses	
Oil	
Parking fees	
Lease payments	
Interest	
Repairs	
Tires	
Tolls	
Other expenses: (list)	