

EMPLOYEE REPORT OF VEHICLE USE*

Employee: _____

Social Security Number: _____

Vehicle Information

Make: _____ Model: _____

Year: _____ Two-door _____ Four-door _____

Period(s) of Use: _____

Information Required for Tax Purposes

1. Total miles driven _____
2. Total business miles _____
3. Total commuting miles _____
4. Total other personal miles _____
5. Total personal miles (3. + 4.) _____
6. Average daily round-trip commuting distance _____
7. Number of one-way commutes during period _____
8. Was vehicle available during off-duty hours? (Y or N) _____
9. Was another vehicle available for personal use? (Y or N) _____
10. Do adequate records or does significant evidence exist to justify business miles? (Y or N) _____
11. Is the evidence written? (Y or N) _____

Signed: _____
Employee

Date

*An employee/user report must be filled out for each vehicle made available to the employee/user during the period.