

A E Tax Service, Inc.
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AUTO EXPENSES

Tax Year: _____ Name: _____ SS#: _____

Total Business Miles for the year* _____

Total Commuting Miles for the year _____

Total Miles the car went for the year _____

Parking, Tolls, _____

*Include out of town business trips if you drove this car, but NOT commuting miles.

Do you have evidence of mileage driven? _____ Is It written? _____

Is your car used for non-business use? _____ Do you have another car? _____

TELL US ABOUT YOUR VEHICLE

Year/Make/model: _____ Own? _____ Lease? _____

Date placed in service ____/____/____

Value of Car on in service date: _____

ACTUAL EXPENSES

Annual Lease payment _____

Annual interest or finance charges on loan _____

Gas, Oil, etc. _____

Insurance _____

License Fees _____

Maintenance (car wash, detail, etc.) _____

Parking, Tolls _____

Personal Property Tax on Auto _____

Repair Costs _____

Tires _____

Miscellaneous _____

If you sold or changed cars this year, please provide sales info _____