

### FRINGE BENEFITS FORM – AUTO

Name: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

*(NOTE: Please complete a separate form for each Shareholder or Employee who was provided a vehicle*

Year, Make & Model of Vehicle \_\_\_\_\_  Owned  Leased

Report all vehicles driven during the year:

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Odometer reading Beginning of Year	_____	_____	_____
Odometer reading End of Year	_____	_____	_____
Total miles driven (line 2 minus line 1)	_____	_____	_____
Total Business miles driven for the Year	_____	_____	_____
Was the vehicle(s) available during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are records kept to justify business miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer of the form and phone number