Submit via Email

AUTOMOBILE USAGE WORKSHEET

Company Name:_____

Auto make, model & year:_____

Employee Name:_____

COMPANY OWNED VEHICLES:

1. Is this vehicle used strictly for business and does your Company have a WRITTEN POLICY prohibiting personal use?

YES ☐ NO ☐

If the answer to the above question is "YES" AND the person using the vehicle is not a 5% or greater owner or is not a family member of a 5% owner, you need NOT complete the rest of this form. Just sign, date, and return this form to our office. Otherwise, please complete the remainder of this form for this vehicle.

2. Date vehicle acquired or leased:_____

3. Dates assigned to employee: From:_____ To:_____

4. Business miles: _____

5. Commuting miles: _____

6. Other personal miles: _____

7. Total Miles: 0.00

8. Was the vehicle used primarily by a more than 5% owner or related person? YES ☐ NO ☐

9. Was the vehicle available for personal use during off-duty hours? YES ☐ NO ☐

10. Is another vehicle available for personal use? YES ☐ NO ☐

*Note: If you have not already done so, send us a copy of purchase invoice or lease contract for any vehicle(s) purchased or leased during the past year.

PERSONALLY-OWNED VEHICLES:

11. Business miles: _____

ALL VEHICLES:

12. Do you have evidence to support the business miles indicated above? YES ☐ NO ☐

13. Is the evidence written? YES ☐ NO ☐