

**VEHICLE INFORMATION SUMMARY**  
**NON-CASH FRINGE BENEFIT COMPUTATION**

FOR THE PERIOD ENDED: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_

Year	Make	Model
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Date Vehicle Placed in Service: \_\_\_\_\_

Vehicle I.D. Number: \_\_\_\_\_

1. Total number of miles driven during the year. \_\_\_\_\_
2. Percentage of personal use claimed. \_\_\_\_\_
3. Was the vehicle used for commuting? Yes \_\_\_ No \_\_\_
4. If answer to question #3 is yes, what is the total commuting mileage? \_\_\_\_\_
5. Was the vehicle available for personal use in off duty hours? Yes \_\_\_ No \_\_\_
6. Was another vehicle available for personal use? Yes \_\_\_ No \_\_\_
7. Do adequate records or sufficient evidence exist to justify the deduction for business/investment use? Yes \_\_\_ No \_\_\_
8. If the answer to question #7 is yes, are the records or evidence written? Yes \_\_\_ No \_\_\_
9. Was the vehicle used by a person who owns more than 1% of the outstanding shares of stock? Yes \_\_\_ No \_\_\_
10. Was the vehicle used by a relative of such shareholder? Yes \_\_\_ No \_\_\_
11. Did the employer pay the cost of fuel consumed by this vehicle? Yes \_\_\_ No \_\_\_

Beginning Odometer: \_\_\_\_\_

Ending Odometer: \_\_\_\_\_

Total Mileage: \_\_\_\_\_



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Business Miles Driven: \_\_\_\_\_ Percentage of Business Use: \_\_\_\_\_

Personal Miles Driven: \_\_\_\_\_

Was vehicle out of service for more than 30 days? Yes \_\_\_ No \_\_\_

Date vehicle placed in service: \_\_\_\_\_

Number of days in use: \_\_\_\_\_

Non-reimbursed expenses: \_\_\_\_\_

Reimbursed expenses: \_\_\_\_\_

**I HEREBY ATTEST THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date