

VEHICLE INFORMATION SUMMARY
NON-CASH FRINGE BENEFIT COMPUTATION

FOR THE PERIOD ENDED: _____

Employee Name: _____

Company Name: _____

Description of Vehicle: _____
Year Make Model

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: _____

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