VEHICLE, TRAVEL & ENTERTAINMENT EXPENSE

Client: _____ **ID#** _____ **Tax Year** _____

Vehicle Expense	
Description of Vehicle	
Date Placed in Service	
Odometer Reading Beginning of Year	
Odometer Reading End of Year	
Total Miles	
Business Miles	
Commute Miles	
Daily Average Round-Trip Commute	
Personal Miles	
Is car leased?	Yes _____ No _____
Is car owned (or financed)?	Yes_____ No _____
Was this vehicle depreciated in a prior year?	Yes_____ No_____
Gas, lube, oil	
Repairs & Maintenance	
Tires	
Towing	
Insurance	
Auto License/Registration	
Personal Property Tax	
Lease Payments	
Interest	
Auto Club	
Warranty	
Smog Certificate	
Other	
Total	

Travel & Entertainment Expense	
Airfare, Train	
Car Rental & Gas	
Parking & Tolls	
Taxi, bus, shuttles	
Lodging	
Meals	
Entertainment	
Tips	
Telephone	
Dry Cleaning	
Number of Days Out of Town	
Other	
Total	

Other Information