

AUTO EXPENSE / EQUIPMENT PURCHASE

Name: _____ Business Name: _____

Phone: _____ Fax: _____ Date: _____ Schedule: A C E F

VEHICLE EXPENSES

Business Mileage:	Vehicle 1 _____	Vehicle 2 _____	Other Information
Total miles			
Business miles			
Commuting miles			
Personal miles			
Gas			
Insurance			
Lease fees			
Licenses			
Oil & Lube			
Parking & Tolls			
Rental fees			
Repairs/Maintenance			
Tires/Accessories			

BUSINESS ASSETS PURCHASED/ SOLD

Description	Date Purchased/Sold	Amount	Preparer Notes

*** PLEASE –ATTACH INVOICE’S / Bill of sale for major equipment.

BUSINESS USE OF HOME : _ Total Sq Ft _____ Bus Use Sq Ft. _____ Rent/ Mtg Int _____
 Utilities _____ Ins _____ Other Expenses _____

NOTES _____ Signed _____