
VEHICLE INFORMATION SUMMARY NON-CASH FRINGE BENEFIT COMPUTATION

The Accountants Group, Inc. ♦ Accountants & Tax Consultants ♦ Buffalo Grove, Illinois 60089

For the year ending: _____, 20____

Individuals Name: _____

Company Name: _____

Vehicle Description: Year: _____ Make: _____ Model: _____

Date Vehicle Placed in Service if during current year : _____

Date Vehicle removed from Service: _____

Odometer Reading:

Beginning of the year (or when purchased): _____ End of the year (or when sold or traded): _____

Total Miles Driven: _____ Business: _____ Personal _____

Percent Business Use: _____%

During the Year, was the vehicle out of service for more than 30 days? Yes No

Number of days in use during the year: _____ days.

Non-reimbursed Expenses: \$ _____ Reimbursed Expenses: \$ _____

1. Is the vehicle kept at work when not used for business? Yes No

If yes, do not complete numbers 2-13)

2. If the vehicle is a SUV, truck, mini-van, or station wagon, please answer the following questions:

a. What is the vehicle's passenger seat capacity? _____

b. Does the vehicle weight over 6,000 lbs? Yes No

c. Does the cargo area of the vehicle constantly (during working and non-working hours) carry merchandise, material or equipment used in the employer's trade or business? Yes No

d. Does the vehicle have permanent shelving or special equipment which is permanently welded or bolted to the floor? Yes No

e. Do you believe that this vehicle is "unsuitable" for personal use? Yes No

If you answered "Yes" to b., c., d., or e. above please contact us. You may not have to maintain vehicle usage records or complete the rest of this form.

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Vehicle Information Summary (Continued)

3. Was the vehicle used for commuting? Yes No
(Note, driving from a home office to a regular office is not commuting)
4. If answer to questions #3 is "yes" what is the:
- a. Average daily round trip commuting distance _____ miles
- b. Total commuting miles for the year _____ miles
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 you maintain contemporaneous records to support the deduction for business/investment use (this must be answered Yes to qualify for a deduction for your vehicle)? Yes No
8. If the answer to questions 7 is "yes", are the records or evidence written (this must be answered Yes to qualify for a deduction for your vehicle)? Yes No
9. Was the vehicle used by a person who is an officer or owns 2% or more of the outstanding shares of stock? Yes No
10. Was the vehicle used by a relative of such a shareholder or officer? Yes No
11. This vehicle is: Leased Owned
12. If the vehicle was leased or purchased during the year please provide us with a copy of the bill of sale and other pertinent documents regarding the transaction.
13. If the vehicle was sold or traded during the year, please provide us with a copy of the bill of sale and other pertinent documents regarding the transaction.

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

Signature

Date

Print Name