

Vehicle Expense Worksheet

Your Name: _____ SSN: _____

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year & Make				
Business Miles				
Personal Miles				
Gas				
Oil & Lubrication				
Tires & Batteries				
Repairs & Maintenance				
Garage rent / Auto Club				
Interest				
Washing & Polishing				
Insurance				
Licenses				
Lease Payments				
Personal Property Tax				
Parking Fees & Tolls				