

2023 AUTO DEDUCTION CHECKLIST

◆◆◆THE IRS REQUIRES YOU TO HAVE A WRITTEN MILEAGE LOG◆◆◆

Veh. #1: Year/Make/Model _____ Cost: _____
Date Purchased/Put In Use: _____ Is Vehicle Leased?: _____
Total Int. Paid: _____ Annual Lease Payment: _____

Annual TOTAL Mileage: _____ **Annual Business Mileage:** _____
(Used to calculate Business Use of Vehicle)

Vehicle Expenses: (Gas, Oil, Repairs, Insurance, Registration, Parking Fees, Tolls, Etc.)

Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____

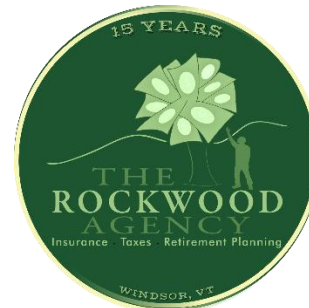
Veh. #2: Year/Make/Model _____ Cost: _____
Date Purchased/Put In Use: _____ Is Vehicle Leased? _____
Total Int. Paid: _____ Annual Lease Payment: _____

Annual TOTAL Mileage: _____ **Annual Business Mileage:** _____
(Used to calculate Business Use of Vehicle)

Vehicle Expenses: (Gas, Oil, Repairs, Insurance, Registration, Parking Fees, Tolls, Etc.)

Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION RELATED TO THE VEHICLES



Veh. #3: Year/Make/Model _____ Cost: _____
Date Purchased/Put In Use: _____ Is Vehicle Leased? _____
Total Int. Paid: _____ Annual Lease Payment: _____
Annual TOTAL Mileage: _____ **Annual Business Mileage:** _____
(Used to calculate Business Use of Vehicle)

Vehicle Expenses: (Gas, Oil, Repairs, Insurance, Registration, Parking Fees, Tolls, Etc.)

Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____

Veh. #4: Year/Make/Model _____ Cost: _____
Date Purchased/Put In Use: _____ Is Vehicle Leased? _____
Total Int. Paid: _____ Annual Lease Payment: _____

Annual TOTAL Mileage: _____ **Annual Business Mileage:** _____
(Used to calculate Business Use of Vehicle)

Vehicle Expenses: (Gas, Oil, Repairs, Insurance, Registration, Parking Fees, Tolls, Etc.)

Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____
Expense: _____	Cost: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION RELATED TO THE VEHICLES