Volunteer Income Tax Assistance 2019

AUTOMOBILE EXPENSES

(MARRIED – Use Separate Form) NAME __________________________

If you operated a motor vehicle – one that you owned or leased – for Business, Charitable Driving, Medical and Doctor Visits, please provide the following information.

If you are not sure what constitutes each of these categories, please discuss with a preparer before completing this form.

YOU MUST COMPLETE THE STARRED * ITEMS

**NUMBERS MUST BE ACTUAL – DO NOT ESTIMATE**

*Year, Make and Model of Car __________________________

*Date Placed in Service __________________________
(When did you start using it for business?)

*TOTAL MILES DRIVEN __________________________ Miles
(Total miles from January 1 through December 31)

*COMMUTING MILES __________________________ Miles
(Driving to and from work)

*BUSINESS MILES __________________________ Miles
(Looking for work locally or out of town, Working out of town overnight, Driving between two jobs on the same day, Going to a Class or Course, Doing Research)

CHARITABLE MILES __________________________ Miles

MEDICAL MILES __________________________ Miles

OTHER (Personal) __________________________ Miles

Parking and Tolls

Business Parking & Tolls $________________

Medical Parking & Tolls $________________

Charitable Parking & Tolls $________________