

## VEHICLE, TRAVEL & ENTERTAINMENT EXPENSE

Client: \_\_\_\_\_ ID# \_\_\_\_\_ Tax Year \_\_\_\_\_

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

| Vehicle Expense   |  |
|---|--|
| Description of vehicle  |  |
| Date placed in service  |  |
| Odometer reading beginning of year                                  |  |
| Odometer reading end of year  |  |
| Total miles   |  |
| Business miles  |  |
| Commute miles   |  |
| Daily average round-trip commute                                    |  |
| Personal miles  |  |
| Is car leased? Yes _____<br>No _____                                |  |
| Is car owned (or financed) Yes _____<br>No _____                    |  |
| Was this vehicle depreciated in a prior year? Yes _____<br>No _____ |  |
| Gas, lube, oil  |  |
| Repairs & Maintenance   |  |
| Tires   |  |
| Towing  |  |
|   |  |

| Vehicle Expense       |  |
|-----------------------|--|
| Insurance             |  |
| Auto license/reg      |  |
| Personal property tax |  |
| Lease payments        |  |
| Interest              |  |
| Auto club             |  |
| Warranty              |  |
| Smog Certificate      |  |
| Other _____           |  |
| Other _____           |  |
|                       |  |
| Total                 |  |

| Travel & Entertainment Expense |  |
|--------------------------------|--|
| Airfare, train                 |  |
| Car rental & gas               |  |
| Parking, tolls                 |  |
| Taxi, bus, shuttles            |  |
| Lodging                        |  |
| Meals                          |  |
| Entertainment                  |  |
| Tips                           |  |
| Telephone                      |  |
| Dry Cleaning                   |  |
|                                |  |
| Number of days out of town     |  |
| Other _____                    |  |
| Other _____                    |  |
| Total                          |  |

| Other Information |
|-------------------|
|                   |
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|                   |
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