

SAUGATUCK TAX GROUP, INC.
53 SAUGATUCK AVENUE
WESTPORT, CT 06880
Tel (203) 227-2311 Fax (203) 227-0699

Dear Friends and Clients:

If you use your car or truck for business, please fill in this form and bring it with you to your tax appointment. If you complete the auto operating expenses below, it is not necessary to enter this information on the tax organizer.

Auto #1 _____
 Year Make Model

Auto #2 _____
 Year Make Model

- | | <u>Auto #1</u> | <u>Auto #2</u> |
|--|------------------------------|-----------------------------|
| 1. Odometer reading January 1 st | _____ Miles | _____ Miles |
| 2. Total number of miles driven during year | _____ Miles | _____ Miles |
| 3. Total number of business miles | _____ Miles | _____ Miles |
| 4. Percentage of business use claimed | _____ % | _____ % |
| 5. Average daily round trip commuting distance | _____ Miles | _____ Miles |
| 6. Is another vehicle available for personal use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have evidence to support your business miles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. If yes, is this evidence written? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Did you purchase a car or truck last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If yes, bring Bill of Sale or lease contract to your appointment) | | |

Auto Operating Expenses:

Gasoline	_____	_____
Insurance	_____	_____
Repairs/Maintenance/Oil	_____	_____
Personal Property/Excise Tax	_____	_____
Wash/Wax/Detail	_____	_____
Lease Payments	_____	_____
Interest on Loan	_____	_____
Accessories	_____	_____
License/Registration	_____	_____
Auto Club	_____	_____
Tires	_____	_____