

RECORDKEEPING REQUIREMENTS

Is there evidence to support the business use percentage claimed?	Y/N
Is the evidence written?	Y/N
Was the vehicle available for personal use during off-duty hours?	Y/N
Is another vehicle available for personal use?	Y/N
Was the vehicle used by a 75% owner/relative?	Y/N

MILEAGE DATA

Vehicle Year, Make, Model:	_____
Beginning Odometer at 1/1	_____
Ending Odometer at 12/31	_____
Total Miles Driven for Year	_____
Total Business Miles	(B) _____
Total Charity Miles	(CH) _____
Total Medical Miles	(M) _____
Total Commuting Miles	(COM) _____
Total Personal Miles	_____
(Total Miles - Business, Charity, Medical, and Commuting Miles)	

