

**VEHICLE INFORMATION SUMMARY
NON-CASH BENEFIT COMPUTATION**

For the Period Ended _____

Employee Name _____

Company Name _____

Please list Year, Make, and Model of eligible vehicle
(this information is required to process the fringe benefit)

Year _____

Make _____

Model _____

- Business miles driven _____
- Commuting miles driven _____
- Other/Personal miles driven _____
- **Total Milage for year** _____

Average daily round trip commuting miles (if applicable) _____

1. Was the vehicle available for personal use
in off-duty hours? Yes _____ No _____
2. Was another vehicle available for personal use? Yes _____ No _____
3. Do adequate records exist to justify the deduction
for business use? Yes _____ No _____
4. If the answer to #3 above is yes, are the records written? Yes _____ No _____
5. Was the vehicle used by a person who owns more
than 5% of the outstanding shares of stock? Yes _____ No _____
6. Was the vehicle used by a relative of such
a shareholder? Yes _____ No _____

I HEREBY ATTEST THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME

DATE