

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

**For the Period Ended \_\_\_\_\_**

Employee Name \_\_\_\_\_

Company Name \_\_\_\_\_

Please list Year, Make, and Model of eligible vehicle  
(we need this information or we cannot process the fringe benefit)

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Business miles driven \_\_\_\_\_

Commuting miles driven \_\_\_\_\_

Other personal miles \_\_\_\_\_

Total Mileage 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 or sufficient evidence exist to justify the deduction for business/ investment use? Yes \_\_\_\_\_ No \_\_\_\_\_
4. If the answer to #3 above is yes, are the records or evidence 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