

Client instructions: Please fill out the worksheet below. Be sure to answer all of the questions for each vehicle. Please sign and return this statement to our office right away so I can prepare your tax return. If you need assistance, please call the office at 361-854-0822. Thank you.

2019 End of Year Mileage Statement

I hereby make the following declaration for the purpose of preparing the company's financial statements and federal income tax return. I understand that the IRS will ask me for mileage logs to support my business use of the vehicle(s) used in the course of conducting business.

Please provide the answers to the following questions or request for information below.

Do you have evidence to support your business use claimed? Yes No
 Is the evidence written? Yes No

	Vehicle Description (Example: 97 Ford Explorer)	#1	#2	#3	#4	#5	(Example) 2010 Ford F150
A	Total Business Miles Traveled (Required)						8,900
B	Total Personal Miles Used by Owner or employees, if applicable not required						
C	Total Commuting Miles used by Owner or employees (Distance from home to office or business location X # of days traveled), if applicable not required						
	Total Miles Traveled = January 1 – December 31 (Required)						11,200
	Is vehicle available for personal use during off duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Is vehicle used primarily by > 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Is there another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Print Name of Owner/Manager/Director

Date

Signature of Owner/Manager/Director

Name of Business

Please return to the office of Raul Torres, CPA
 4118 Ayers, Corpus Christi, TX 78415
 Phone: (361) 854-0822 Fax: (361) 814-1213