

Business Mileage Worksheet

Client: _____

ID# _____

Description of Vehicle	
Date Placed in Service	
Taxpayer/Spouse has another vehicle available for personal use	YES or NO
Taxpayer has vehicle available for use during off-duty hours	YES or NO
Taxpayer has evidence to support this deduction	YES or NO

Business Miles		Daily Commuting Miles	
Total Miles		Total Commuting Miles	

Other Information

KEMBEL TAX SERVICE

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