2015 BUSINESS QUESTIONNAIRE





GI

	RAL INFORMATION					
Name of Entity			EIN #	-		
Your Name			Phone #	‡		
Address (If Changed)			E-mail_			
ГО	MILEAGE DOCUMENTATION	(WRITTEN RECO	RD REQUIRED)			
	NOTE: If the answer to #2 or #3 is no	you must recreate 3 mor	ths of auto logs before we can			
	deduct a	<mark>3.</mark>	Yes	No		
	1 Is another vehicle available for2 Do you have evidence to supp	ermation reported above?				
	3 If "Yes", is the evidence writter					
IIC	CLE INFORMATION AND EXPE	NSES (WRITTEN I	RECORD REQUIRED)	1		
			Vehicle 1		Vehicle 2	
1	Auto Make, Model, & Year					
2	Total Miles in 2015 Jan	I to Dec 31				
3	Business Miles in 2015 Jan	I to Dec 31 (.575)				
4	Commuting Miles					
5	Tabs (Required information)					
	Auto Loan Interest paid in 201	15				
6	Was this vehicle purchased in this tax year?		Yes No		Yes No	
O	If yes, complete balance of line 6.					
	Date of Purchase? (2015 purchases only)		Date//		Date//	
	(Provide purchase agreement)		Price \$	Pr	ice \$	
	Is it over 6,000lbs GVW?		Yes No		Yes No	
	Loan balance end of year?					
7	Actual Expenses	Gas	\$	_	\$	
•	Actual Exponess	Oil	\$		\$	
		Insurance	\$		\$	
		Repairs/Maint.	\$		\$	
		Other	\$	_	\$	
		Lease Pymt's	\$	_	\$	
			· 	_	· 	