## Weller Tax & Accounting Services

P.O. Box 159 105 E. Cherry Hill City, KS 67642 Phone (785) 421-2688 Fax (785) 421-5567

The IRS required written records to be maintained to document the business use of your vehicle. Please provide answers to the following questions so we may have the information to properly complete this part of your income tax return. This form must be filled out for **each** qualifying vehicle. If needed, please contact my office to request additional copies of this form. **Please return this for with the rest of your tax information**.

Description of Vehicle			
Odometer Reading at 1/1/1			
Odometer Reading at 12/31/14			
Was the vehicle available for you	r personal us	e during off-duty hours?	
Yes No			
Did you have another vehicle ava	ilable for you	r personal use? (This includ	des a vehicle you personally own
Yes No			
Please provide the number of mi	les driven in 2	2014 for each of the follow	ing categories:
Tatal Communica NAiles			
Total Other Personal Miles (non-	sommuting)		
Total Other Personal Miles (non- Total Personal Miles	commuting)		
Total Business Miles			
Total Business Willes			
Signed			Date