

CLIENT NAME: \_\_\_\_\_ CLIENT#: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTO EXPENSE IS RELATING TO WHICH JOB? \_\_\_\_\_

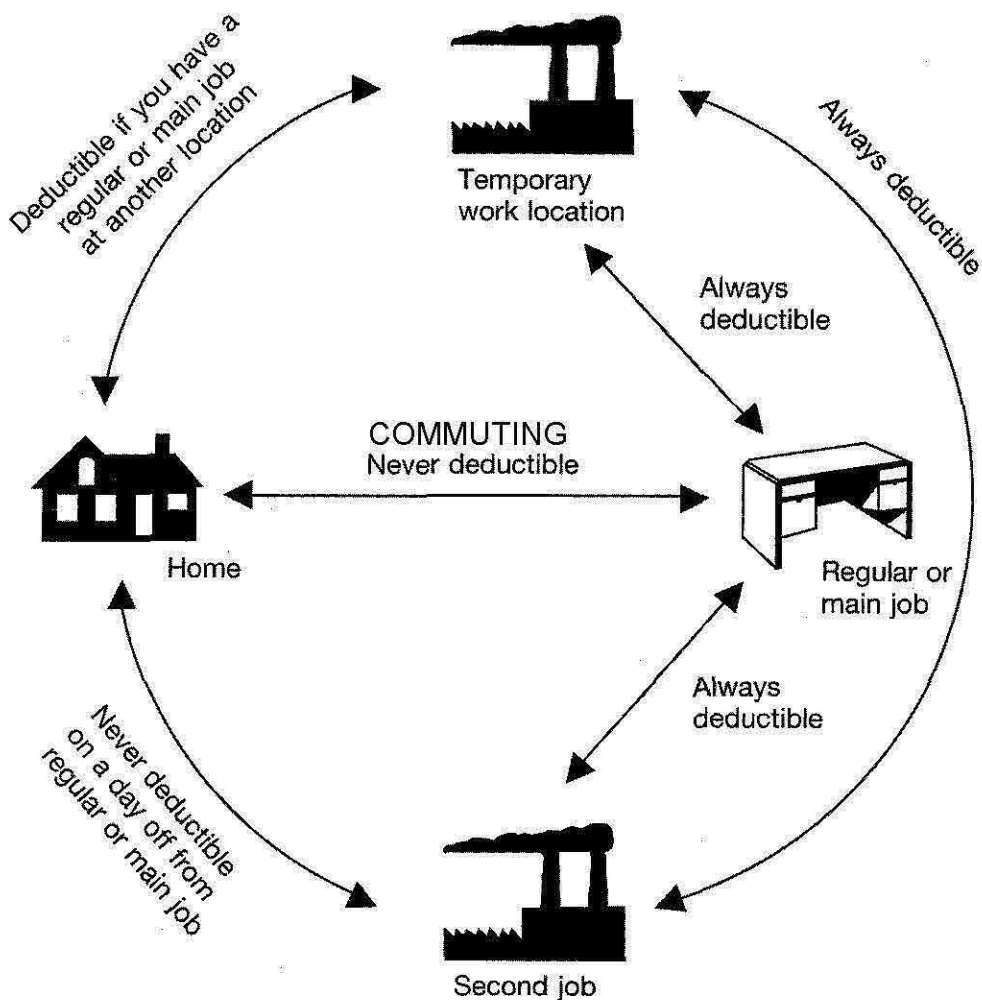
TOTAL MILES DRIVEN \_\_\_\_\_:

BUSINESS MILES: \_\_\_\_\_

COMMUTING MILES: \_\_\_\_\_

PERSONAL MILES: \_\_\_\_\_

### When Are Local Transportation Expenses Deductible?



APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_