

**DECEMBER 1, 2024 THROUGH NOVEMBER 30, 2025
OWNED / LEASED VEHICLES**

Indicate who owns or
leases the vehicle:

Company

Employee

COMPANY NAME: _____

VEHICLE DESCRIPTION:

MAKE: _____

YEAR: _____

OWNED OR LEASED: (state which) _____

DATE ACQUIRED: _____

DATE, IF DISCONTINUED SERVICE: _____

COST OR FMV AT DATE OF PURCHASE OR LEASE: _____

DRIVER'S NAME: _____

TOTAL MILES: _____

BUSINESS MILES: _____

WAS THIS VEHICLE AVAILABLE FOR PERSONAL USE
DURING OFF DUTY HOURS? _____

IS ANOTHER VEHICLE AVAILABLE TO THE EMPLOYEE
FOR PERSONAL USE? _____

DO YOU HAVE WRITTEN EVIDENCE OF BUSINESS USE? _____

DOES THE COMPANY PAY FOR GAS FOR THE
VEHICLE, BOTH BUSINESS AND PERSONAL? _____

Please fill out a separate form for each vehicle driven during the year.