



VOLUNTEER INCOME TAX ASSISTANCE - VITA

2024 AUTOMOBILE EXPENSES



NAME: _____

(MARRIED – Use Separate Form)

If you operated a motor vehicle – one that you owned or leased – for Business, Charitable Driving, Medical and Doctor Visits, please provide the following information. You must keep accurate, contemporaneous mileage records in the event of a tax audit.

If you do not understand these categories, please discuss with a preparer before completing.

YOU MUST COMPLETE THE STARRED * ITEMS
NUMBERS MUST BE ACTUAL – DO NOT ESTIMATE

FROM 01/01/24 through 12/31/24

* **Year, Make and Model of Car** _____

* **Date Placed in Service** _____
 (When did you start using it for business?)

* **TOTAL MILES DRIVEN** _____ Miles
 (Total miles driven from January 1 through December 31)

* **COMMUTING MILES** _____ Miles
 (Commuting = Driving to and from work)

* **BUSINESS MILES** _____ Miles
 (Business Mileage = Looking for work locally or out of town, Working out of town overnight, Driving between two jobs on the same day, Going to a Class or Course, Doing Research)

* **PERSONAL MILES** _____ Miles

MEDICAL MILES _____ Miles

CHARITABLE MILES _____ Miles

Parking and Tolls

Business Parking & Tolls \$ _____

Medical Parking & Tolls \$ _____

Charitable Parking & Tolls \$ _____