

AUTO INCLUSION AMOUNT QUESTIONNAIRE

This information will be used to determine the valuation for your personal use of the employer owned automobile and must be complete in order to ensure a timely response. **PLEASE COMPLETE A SEPARATE SHEET FOR EACH EMPLOYEE.**

Company Name: _____

Employee: _____ Social Security No.: _____ - _____ - _____

	Auto 1	Auto 2
Vehicle make		
Vehicle model		
Year		
Date placed in service		
Date removed from service		
Original vehicle cost, if less than 4 years old	\$	\$
Fair market value of vehicle, if more than 4 years old	\$	\$
If leased, provide actual monthly lease cost	\$	\$
Total business miles		
Total personal miles		
Total miles driven		
One way commute mileage		
If applicable, employee's ownership percentage of company vehicle		
Vehicle business expenses paid by the employee personally		
Please answer the following questions:	YES	NO
Did employer pay for gas?		
Is the employee's name included in the vehicle's title or named co-lessee on the lease, if vehicle is leased?		
Is there a written policy which limits this employee to use the company vehicle for commuting and no other personal use?		

SENSIBA SAN FILIPPO

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

SHAREHOLDER - SH
or
EMPLOYEE - EE

Worksheet for Reportable Fringe Benefits Listed on Page 2

Company Name: _____

	Name	Type SH or EE	Social Security No.	Amount	Type of Fringe Benefit*
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7				\$	
8				\$	
9				\$	
10				\$	
11				\$	
12				\$	

* For the different types of fringe benefits, see the Fringe Benefit Taxation Summary at <http://ssflp.com/knowledge-center/worksheets/>

You may fax these forms back to the Attention of Brittani Ogamba at (408) 286-5385 or email to bogamba@ssflp.com

Or

You may mail it to back to the Attention of Brittani Ogamba at
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