

SENSIBA SAN FILIPPO LLP

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

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		
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 Drive		
One Way Commute Mileage		
Percentage of Company Owned		
Please Answer the Following Questions:	YES	NO
Did Employer Pay for Insurance?		
Did Employee Pay for Maintenance?		
Did Employee Pay for Gas?		
Is There a Written Policy Which Limits this employee to Commute Only in the Employer Provided Vehicle?		

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 www.ssllp.com/knowledgeseries/worksheets.asp.

You may fax these forms back to the Attention of Jodie Wise at (408) 776-0500.

Or

You may mail it to back to the Attention of Jodie Wise at
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