

<b>EMPLOYER PROVIDED VEHICLE</b> <b>2011 PERSONAL USE INFORMATION SCHEDULE</b>
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This form is designed to submit information to SMT & Associates concerning personal usage of company provided automobiles. Please complete a form for each vehicle the company owns.

1. Company Name: \_\_\_\_\_  
 2. Auto make, model and year: \_\_\_\_\_

3. Is this vehicle used strictly for business and does your Company have a WRITTEN POLICY prohibiting personal use?  
 Yes  No

If the answer to question #3 is "Yes" **AND** the person using the vehicle is not a 5% or greater owner or is not a family member of a 5% or greater owner, you need **NOT** complete the rest of this form. Just sign, date, and return this form to our office. Otherwise, please complete the remainder of this form for this vehicle.

4. Employee Name: \_\_\_\_\_

5. Date vehicle acquired or leased: \_\_\_\_\_

6. Dates assigned to employee: From: \_\_\_\_\_ To: \_\_\_\_\_

7. Business miles	+		11. Ending odometer		
8. Commuting miles	+		12. Beginning Odometer	-	
9. Other personal miles	+				
10. TOTAL MILES	=		13. TOTAL MILES	=	
		(Should match miles in step 13)			

Note: If you have not already done so, send us a copy of purchase invoice or lease contract for any vehicle(s) purchased or leased during the past year.

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|---|--|
| 14. Do you have evidence to support the business miles indicated above?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Is the evidence written?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Was the vehicle used primarily by a more than 5% owner or related person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Was the vehicle available for personal use during off-duty hours?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Is another vehicle available for personal use?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date