

EMPLOYER PROVIDED VEHICLE 2012 PERSONAL USE INFORMATION SCHEDULE

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.

14. Do you have evidence to support the business miles indicated above? Yes No

15. Is the evidence written? Yes No

16. Was the vehicle used primarily by a more than 5% owner or related person? Yes No

17. Was the vehicle available for personal use during off-duty hours? Yes No

18. Is another vehicle available for personal use? Yes No

Signature

Date