



113 West Michigan Avenue, Suite 301
Jackson, Michigan 49201
p 517.789.8900 • f 517.789.6477
bondcpa.com

USE OF COMPANY VEHICLE QUESTIONNAIRE

Description of Vehicle _____

Company Name: _____

Employee Name (Print): _____

Reporting Period from: November 1, 2015 to October 31, 2016

Odometer reading: Beginning _____ Ending _____

Date of Lease (if applicable): _____

Lease term (if applicable): _____

Fair market value of vehicle at inception of lease (if applicable): _____

Employee Representation:

1. Was the vehicle available for your personal use during off-duty hours? YES NO
2. Did you have another vehicle available for your personal use? YES NO
3. Are you an officer or 1% owner of the business? YES NO
4. How many commuting round trips did you make in this vehicle? _____
5. For the reporting period specified above, please provide the number of miles for each of the following categories:

Total commuting miles	_____
Total personal miles	_____
Total business miles	_____
6. Did the employer pay the cost of fuel consumed by this vehicle? YES NO

(Employee Signature)

(Date)