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## USE OF COMPANY VEHICLE QUESTIONNAIRE

Description of Vehicle \_\_\_\_\_

Company Name: \_\_\_\_\_

Employee Name (Print): \_\_\_\_\_

Reporting Period from: November 1, 2016 to October 31, 2017

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)