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USE OF COMPANY VEHICLE QUESTIONNAIRE

Description of Vehicle _____

Company Name: _____

Employee Name (Print): _____

Reporting Period from: November 1, 2019 to October 31, 2020

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 2% 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)