

**Company Owned or Leased Vehicles**

We need the following information for any **corporate** vehicle that you or an employee drive personally.

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Description of vehicle(s)	_____	_____	_____
	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Beginning odometer 12/1/08	_____	_____	_____
Ending odometer 11/30/09	_____	_____	_____
A. Total miles driven for this 12-month period (Ending odometer – beginning odometer)	_____	_____	_____
B. Total <b>business</b> miles driven (non-commuting)	_____	_____	_____
C. Other miles driven (personal and commuting)	_____	_____	_____
Note: A Must Equal B + C			
D. Fair Market Value of <b>leased</b> vehicle(s)	_____	_____	_____

**If your business usage goes under 50%, we must remove your vehicle from the corporate books and use the standard mileage rate to reimburse you.**

The following two questions must be answered “yes” in order to use the business deduction on a vehicle.

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Do you have evidence to support the business use claimed?	Yes__ No__	Yes__ No__	Yes__ No__
Is the evidence written (this can include logs, appointment books, calendars, etc.)?	Yes__ No__	Yes__ No__	Yes__ No__

**Insurance**

Please answer the following questions regarding your business insurance.

	<u>\$ per Year</u>	<u>Yes</u>	<u>No</u>
Is Shareholder Health Insurance paid through the business? If yes, how much for 2009?	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Long-Term Care Insurance paid through the business? If yes, how much for 2009?	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Corporate Vehicle / Insurance  
Questionnaire  
Year Ended 2009**

	<u>\$ per Year</u>	<u>Yes</u>	<u>No</u>
Is Shareholder Life Insurance paid through your business? If yes, how much for 2009?	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Disability Insurance paid through your business? If yes, how much for 2009?	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is Shareholder Key Man Insurance paid by the business? If yes, how much for 2009?	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Please note:** You may download a PDF "fillin" (interactive) copy of this form from [www.macycpa.com](http://www.macycpa.com). Use of the PDF version will allow you to complete the form electronically and e-mail it to us at [smacy@macycpa.com](mailto:smacy@macycpa.com).

Print your business name, sign, and date below.

Business Name: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this questionnaire to us NO LATER THAN DECEMBER 10  
because this data will effect your last payroll deposit.**

**DUE TO STEPHEN A. MACY, CPA, PA BY DECEMBER 10!**