

MILEAGE STATEMENT

Taxpayer's Name _____

Tax Year _____ **Business Name** _____

VEHICLE #1

Make _____ **Model** _____ **Year** _____ **Total Mileage** _____

Business Miles _____ **Commuting Miles** _____ **Daily RT** _____

VEHICLE #2

Make _____ **Model** _____ **Year** _____ **Total Mileage** _____

Business Miles _____ **Commuting Miles** _____ **Daily RT** _____

VEHICLE #3

Make _____ **Model** _____ **Year** _____ **Total Mileage** _____

Business Miles _____ **Commuting Miles** _____ **Daily RT** _____

By signing this form you acknowledge that you have the written proof you need in a mileage log, diary, statement of expense, or similar record. According to the Internal Revenue Code you must keep records as long as they may be needed, per IRS Publication 463.

Taxpayer's Signature _____ **Date** _____