

AUTO INCLUSION AMOUNT QUESTIONNAIRE

This information will be used to determine the valuation for your personal use of the employer owned automobile and must be complete in order to ensure a timely response. **PLEASE COMPLETE A SEPARATE SHEET FOR EACH EMPLOYEE.**

Company Name: _____

Employee: _____ Social Security No.: _____-_____-_____

	Auto 1	Auto 2
Vehicle Make		
Vehicle Model		
Year		
Date Placed in Service	/ /	/ /
Date Removed from Service	/ /	/ /
Original Vehicle Cost, if less than 4 Years Old	\$	\$
Fair Market Value of Vehicle, If More Than 4 Years Old	\$	\$
If Leased Provide Actual Monthly Lease Cost	\$	\$
Total Business Miles		
Total Personal Miles		
Total Miles Driven		
One Way Commute Mileage		
Percentage of Company Owned		
Employee's Pay		
Please Answer the Following Questions:	YES	NO
Did Employer Pay for Insurance?		
Did Employee Pay for Maintenance?		
Did Employee Pay for Gas?		
Is There a Written Policy Which Limits this employee to Commute Only in the Employer Provided Vehicle?		

SHAREHOLDER - SH
or
EMPLOYEE - EE

Worksheet for Reportable Fringe Benefits
Listed on Page 2

Company Name: _____

	Name	Type SH or EE	Social Security No.	Amount	Type of Fringe Benefit*
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7				\$	
8				\$	
9				\$	
10				\$	
11				\$	
12				\$	

* For the different types of fringe benefits, see the Fringe Benefit Taxation Summary at <http://ssflp.com/knowledge-center/worksheets/>

You may fax these forms back to the Attention of Brittani Ogamba at (408) 286-5385 or email to bogamba@ssflp.com

Or

You may mail it to back to the Attention of Brittani Ogamba at
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San Jose, CA 95110