

Name of Driver

Signature



Vehicle 2

Certified Public Accountants

Vehicle 3

* * * PLEASE RETURN BY DECEMBER 16, 2019 * * *

Personal Use of Employer-Provided Vehicles

Tax law requires an employee's income to include fringe benefit compensation for the personal use of an employer-provided vehicle. In order to add this information to your W-2s, please provide the following information. Payroll tax deposits may be necessary as a result of the data provided, so timely return of the data is necessary.

Please provide this data for the 12-month period from December 2018 through November 2019

Vehicle 1

Make, model, and year of company car				
Business Miles	A			
Commuting Miles	В			
Other Personal Miles	С			
Total Miles $(A + B + C = D)$	D			
Vehicle available for personal use while off-duty?		□Yes □No	□Yes □No	□Yes □No
Do you have evidence to support the business miles claimed?		□Yes □No	□Yes □No	□Yes □No
Is this evidence written?		□Yes □No	□Yes □No	□Yes □No
Is this vehicle owned or leased?		□Owned □Leased	□Owned □Leased	□Owned □Leased
 Make copies of thi Do you maintain a written policy statement your employees? □Yes □No Do you maintain a written policy statement employees? □Yes □No 	that pi		e of vehicles, including	
Company Name				
Date				

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Return via Fax 410-838-2859 or via Email gina@bishopandadkins.com

