SELF EMPLOYED INDIVIDUALS ONLY

Name_________________________ Year _______

A. What is your occupation or business? ______________________

B. How much was your total Income for a year? ______________

C. Did you used your vehicle to operate this business? Yes  No_
   - Make of vehicle: ________________________________
   - Model of vehicle: ________________________________
   - What is the date you started using your vehicle for this business? ______________________
   - What is the total mileage for the year? ______________
   - How much mileage was for:
     Business: _______ Personal: _______ other: _______
   - Tolls $________ and Parking$_________ (Business only)

a. List all your expenses with the amount use for this business only or provide attachment.

1) ___________________________ $________
2) ___________________________ $________
3) ___________________________ $________
4) ___________________________ $________
5) ___________________________ $________