

**AUTO INPUT FORM**

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Current Year Information

	<u>Auto #1</u>	<u>Auto #2</u>
Description of auto:	_____	_____
Year:	_____	_____
Make:	_____	_____
Model:	_____	_____
Date made available for personal use:	_____	_____
Date sold/traded-in (if applicable):	_____	_____
Cost of auto:	_____	_____
Mileage ( 11/1/2020 thru 10/31/2021):	_____	_____
Business miles:	_____	_____
Commuting miles:	_____	_____
Other personal miles:	_____	_____
Total miles:	_____	_____
Odometer reading:	_____	_____
Is fuel paid by employer? (yes or no)	_____	_____
Was auto available for personal use during off-duty hours? (yes or no)	_____	_____
Did you have another auto available for personal use? (yes or no)	_____	_____
Are you an officer or 1% owner of the business ?(yes or no)	_____	_____
Does your employer withhold local tax? (If yes, indicate rate _____%)	_____	_____
Does your employer withhold PA state tax? (If no indicate which state _____)	_____	_____
Will you be over the Social Security limit for 2021 - \$142,800? (yes or no)	_____	_____

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

**If you would like our assistance in completing this worksheet, please contact us at 610-975-9122.**