

Statement of Automobile Expenses

For the year (MM/DD/YY): _____

	<u>Total Amount Paid</u> (Include HST if applicable)	<u>Included</u> <u>HST in</u> <u>Amount</u>	<u>Additional Notes</u>
Auto Lease Payment (If Applicable)		<input type="checkbox"/>	
CAA Membership		<input type="checkbox"/>	
Depreciation (If owned we need the cost of the vehicle to calculate)		<input type="checkbox"/>	
Cost of Vehicle		<input type="checkbox"/>	
Gasoline		<input type="checkbox"/>	
Car Insurance		<input type="checkbox"/>	
Interest on Financing (If Financed)		<input type="checkbox"/>	
Licenses		<input type="checkbox"/>	
Repairs		<input type="checkbox"/>	
Other:		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Business Kilometers	Kms		
Total Kilometers for the Corporate Year / for the Small Business Calendar Year	Kms		

Please Note:

If any of the above categories are not applicable to you, kindly enter a 0 value in that field such that we know that you have acknowledged that field and have not accidentally forgotten to fill in any specific field in the form. Thank you.