



Auto Inclusion Questionnaire

This information will be used to determine the valuation for your personal use of an employer-owned automobile and must be completed 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		
If applicable, employee's ownership percentage of company vehicle		
Vehicle business expenses paid by the employee personally		

Please answer the following questions:	Yes / No / NA
Did employer pay for gas?	
Is the employee's name included in the vehicle's title or, if vehicle is leased, named as co-lessee?	
Is there a written policy that limits this employee to use the company vehicle for commuting and no other personal use?	



Shareholder (SH) or Employee (EE) Worksheet

Company Name: _____

	Name	Type SH or EE	SSN	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](#).

Email the completed forms to specialfilings@sensiba.com, fax to (925) 271-8715, or mail to:
2700 Camino Ramon Suite 140
San Ramon, CA 94583