

**EMPLOYER PROVIDED AUTOMOBILE
REIMBURSEMENT CALCULATION
2020**

TO BE COMPLETED BY EMPLOYEE

Employee Name _____
 Description of Vehicle _____
 Dates Available for Use During 2020 _____

Business mileage _____ (A)
 Commuting mileage _____ (B)
 Other personal mileage _____ (C)
 Total mileage _____ (D)

	<u>Yes</u>	<u>No</u>
I have <u>written</u> documentation to support the above mileage figures.	_____	_____
Was the vehicle available for personal use during off-duty hours?	_____	_____
Do you have another vehicle available for personal use?	_____	_____
Was the vehicle available for commuting?	_____	_____
Are you an officer or 1% or more owner of the employer?	_____	_____
Average daily round trip commuting distance	_____	_____

REIMBURSEMENT AGREEMENT:

Employee hereby agrees to reimburse employer for the value of personal use of company automobiles as ultimately determined by this reimbursement calculation. Employee further agrees that such reimbursement may be withheld by employer from compensation and other amounts due employee at such time and in such amounts as is deemed reasonable and proper by the employer so as to insure reimbursement to the employer.

I have adequate records or sufficient corroborative evidence to support the above data.

Signed _____
 Date _____

TO BE COMPLETED BY EMPLOYER

Company name _____
 Fair market value of vehicle _____
 Annual lease value per table _____(1)
 Nonbusiness mileage (B) _____ + (C) _____ = _____(2)
 Percent of personal use (2) _____/(D) _____ = _____(3)
 Total days available for use during the calendar year _____(4)
 Proration of availability (4) _____/ 366 = _____(5)
 Lease value (1) _____ x (3) _____ x (5) _____ = _____(6)
 Fuel cost* (if paid by employer) (2) _____ x \$0.055 = \$ _____(7)
 Reimbursement to employer from employee (6) _____ + (7) _____ = \$ _____

*NOTE: Actual fuel cost may be used in lieu of the 5.5 cents per mile standard rate.