



2024 Auto Fringe Benefit Calculation

Company: _____

* Please provide information below for each eligible employee. An eligible employee is any employee who has personal use of a company vehicle.

Driver Name:

Make and Model of Vehicle:

_____ Total Miles Driven January-December 2024

_____ Total Personal Miles Driven OR % Business Usage of Vehicle

_____ Vehicle Cost (if new auto fringe employee or new vehicle)

Additional Notes _____

Driver Name:

Make and Model of Vehicle:

_____ Total Miles Driven January-December 2024

_____ Total Personal Miles Driven OR % Business Usage of Vehicle

_____ Vehicle Cost (if new auto fringe employee or new vehicle)

Additional Notes _____

Driver Name:

Make and Model of Vehicle:

_____ Total Miles Driven January-December 2024

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Driver Name:

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_____ Total Miles Driven January-December 2024

_____ Total Personal Miles Driven OR % Business Usage of Vehicle

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Additional Notes _____
