**2017 Worksheet**
**Company Provided Vehicles**

Client: *_____

Employee:* _____ Social Security #*_____

Auto Description: *_____

If purchased in 2017: Date acquired *_____ Purchase Price $ *_____

Retail value per NADA book as of purchase: $_____
(or auto acquisition date if that is later)

IRS "Annual Lease Value" factor based on the above value: $_____
Pro-Rate to cover period less than 12 months:(?/12=%) x _____%
Annual Lease Value for 2017: $_____

Personal Use %:
a) 11-01-16 to 10-31-17 personal miles: *_____ (a)
11-01-16 to 10-31-17 total miles: *_____(b)
Ratio (a/b=%) x _____
Personal Use Lease Value: $_____(PV1)

Plus: Factor for Company-Provided Gas Used Personally:
Total Personal Miles per Above: _____(a)
Less: Mileage where gas was paid for
personally (vacations, etc) *_____
Total Personal Miles on company gas: _____
x 5.5 cents
Additional Value of Company paid gas: $_____(PV2)

**Annual Personal Use Value for 2017:** (PV1 + PV2) $_____

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Alternate Method: (Available only if estimated fair-market value of vehicle is less than $15,300 and annual mileage is at least 10,000 miles.)

Personal mileage (01/01/17 to 12/31/17)_____x $.535 $_____

Authority: Reg. 1.61-2T Q/A 11-19

Gross Wages: $_____
FICA: $_____
Medicare: $_____
Net Wages: $_____

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Officer health (&dental) insurance paid in 2017 by the company $_____