

STATEMENT OF PERSONAL USAGE FOR STATE PROVIDED VEHICLES

EMPLOYEE NAME _____ PAY PERIOD END DATE _____
 AGENCY CODE _____ VEHICLE LICENSE # _____
 AGENCY NAME _____ SOCIAL SECURITY # _____

Complete Section I, Section II or Section III, sign and file this form with your supervisor/personnel payroll officer.

SECTION I ANNUAL LEASE VALUATION RULE (Biweekly Reporting Period)

YEAR MAKE MODEL _____ AUTOMOBILE FAIR MARKET VALUE _____ ANNUAL LEASE VALUE (TABLE) _____

_____ = _____
 ANNUAL LEASE VALUE /26 BIWEEKLY LEASE VALUE (TABLE)

_____ (ODOMETER READING - END OF PERIOD)

LESS

_____ (ODOMETER READING - START OF PERIOD)

_____ - _____ = _____ | PERSONAL MILES = _____ %
 TOTAL MILES BUSINESS USAGE PERSONAL MILES | TOTAL MILES % PERSONAL USE

GASOLINE CALCULATION \$.055 x _____ = \$ _____
 NO. OF PERSONAL MILES AMOUNT FOR GASOLINE

\$ _____ x _____ + \$ _____ = \$ _____
 BIWEEKLY LEASE VALUE % PERSONAL USE AMOUNT FOR GASOLINE TAXABLE FRINGE
 BENEFIT INCOME

SECTION II COMMUTING VALUATION RULE

CHECK TRIPS BY DAY IN WHICH COMMUTING OCCURRED:

MORNING														
AFTERNOON														

_____ x \$1.50 = _____
 NO. OF ONE-WAY TRIPS (FOR ONE-WAY TRIP) TAXABLE FRINGE BENEFIT INCOME

SECTION III CENTS-PER-MILE VALUATION RULE

_____ x \$.365 = _____
 PERSONAL USE MILES RATE TAXABLE FRINGE BENEFIT INCOME

SIGNATURE

DATE

PERSONNEL - ENTER "TAXABLE FRINGE BENEFIT INCOME"
RETAIN THIS FORM FOR YOUR RECORDS