VEHICLE MILEAGE LOG

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Client Name: _____

Tax Year: _____

Purpose: ☐ Work* ☐ Charity ☐ Medical

Please use a different page for each purpose and for each vehicle.

* Exclude any work-related mileage that is reimbursed by your employer at 100% of the IRS rate (57.5 cents for 2015)

Vehicle Year/Make/Model: _____

Odometer on Jan 1: _____ Odometer on Dec 31: _____

Date	Start - Odometer - End		Miles	Destination/Purpose	Park $	Tolls $	Other $

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