

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)

 TOTAL MILES BUSINESS USAGE PERSONAL MILES | 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																				

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

SECTION III CENTS-PER-MILE VALUATION RULE

 PERSONAL USE MILES x \$.405 =
 RATE TAXABLE FRINGE BENEFIT INCOME

SIGNATURE _____ DATE _____

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