



110 - 20 Circle Drive  
 St Albert, AB T8N 7L4  
 Phone: 780-458-8720  
 Fax: 780-460-2167

### AUTO EXPENSES T2200

TAXPAYER'S NAME: \_\_\_\_\_

#### AUTO EXPENSES

Fair Market Value in **First** Year of Business \_\_\_\_\_  
 Year and Type of Vehicle \_\_\_\_\_

Total Business Kilometers For Year \_\_\_\_\_  
 Total Kilometers For The Year \_\_\_\_\_

EXPENSE	TOTAL EXPENSE
Gas & Oil	_____
Maintenance & Repairs	_____
Car Washes	_____
Insurance (no GST)	_____
License & registration	_____
Parking	_____
AMA	_____
Interest on Car Loan	_____
Year's Lease Payment	_____

If a New Vehicle was purchased during the year, please provide:

- The purchase price including GST and,
- Details regarding disposal of previous vehicle:  
 Trade-in allowance? \$ \_\_\_\_\_ Reverted to personal use? \_\_\_\_\_  
 Sold privately? \$ \_\_\_\_\_

If Leased, please provide:

Length of the Lease \_\_\_\_\_  
 Down payment, if any \_\_\_\_\_  
 Retail Price of Auto \_\_\_\_\_  
 Date of First Payment \_\_\_\_\_  
 Payment Amount \_\_\_\_\_

\* Require prior years tax return if GST 370 was claimed.