



IRS regulations require employers to notify all employees using employer-provided vehicles of certain valuation rules. These valuation rules are used by the employer to compute the benefit, if any, attributable to the personal use of an employer-provided vehicle. **PLEASE READ THIS NOTICE CAREFULLY AS IT CONTAINS IMPORTANT INFORMATION CONCERNING THE TAX TREATMENT OF YOUR USE OF AN EMPLOYER-PROVIDED VEHICLE.**

Please complete this form and return it to Human Resource Services, Attn: Payroll and Compensation or fax to 815.753.6048 by the date indicated below for the period being reported.

NOTE: If more than one vehicle was used during this period, please copy this form for each vehicle used.

Reporting Period (Check One)

- November through January (Due: February 15) February through April (Due: May 15)
 May through July (Due: August 15) August through October (Due: November 15)

Department of Intercollegiate Athletics USE ONLY

Please complete this form and submit to the Human Resources Manager in the Department of Intercollegiate Athletics by the date indicated below for the period being reported. Any applicable taxable benefit will be applied to the pay period after Human Resource Services receives the form.

The employee failed to turn in personal use data on their assigned vehicle and should be taxed for the quarterly value of their assigned vehicle.

Verifying Signature: _____ Date: _____

Mileage Report for Personal Use of Vehicles

The Annual Lease Value Rule is the valuation method applied when determining the taxable benefit for personal use of an employer-provided vehicle.

Name _____ Employee ID (not SSN) _____

Dates(s) vehicle assigned or used during current reporting period _____

Total mileage driven during period _____ Check here if all mileage was for business purposes.

Personal mileage driven during period (including commuting) _____ *This should only be checked if vehicle is not used by the employee for ANY personal commuting.*

Personal miles driven on employer-provided fuel _____

Vehicle Information

Check all that apply

Year _____ LS LT XLT LE SE XLE

Make _____ SEL GT Other: _____

_____ 2WD 4WD

_____ 2 door 4 door Other: _____

Model _____

I certify that this information is accurate and that adequate personal records or sufficient written evidence is available to justify the mileage indicated.

Signature: _____ Date: _____

Human Resource Services Only

No. of days of usage	Personal miles used	Total miles used	Annual lease value	Taxable amnt. of pers. usage
_____ /365 *	_____ /	_____ *	_____ =	UVU \$ _____