

Department of Administration
OFFICE OF ACCOUNTS AND CONTROL

**ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE PROVIDED VEHICLES
ANNUAL LEASE VALUE METHOD**

SECTION A: DRIVER AND VEHICLE INFORMATION

EMPLOYEE NAME (PLEASE PRINT) _____ SOCIAL SECURITY #: _____
(11 DIGITS)

AGENCY _____ PAYROLL ACCOUNT #: _____

PERIOD COVERED: FROM _____ TO: _____

MAKE / MODEL / YEAR _____ REGISTRATION NO. _____ VEHICLE FAIR MKT. VALUE _____

SECTION B: CALCULATION OF FRINGE BENEFIT AMOUNT

_____ MINUS _____ = _____
TOTAL MILES PERSONAL USAGE MILES BUSINESS MILES

_____ X _____ ÷ _____ = _____
ANNUAL LEASE VALUE BUSINESS MILES TOTAL MILES % BUSINESS USE

GASOLINE CALCULATION 5.5 CENTS X _____ = _____
OR NO. OF PERSONAL MILES AMOUNT OF GASOLINE

_____ X _____ = _____
TOTAL COST OF GASOLINE % OF PERSONAL MILES AMOUNT OF GASOLINE
(100% MINUS BUSINESS USE%)

_____ MINUS _____ PLUS _____ PLUS _____
= ANNUAL LEASE BUSINESS USE AMOUNT OF CHAUFFEUR
VALUE (ALV) (BUS. USE % X ALV) GASOLINE AMOUNT

\$ _____ MINUS _____ = \$ _____
GROSS TAXABLE FRINGE COMMUTER REIMBURSEMENT NET TAXABLE FRINGE
AMOUNT (VEHICLE USE)

TO EMPLOYEE:

Complete and sign this form in duplicate and return to your payroll office. If more than one vehicle is used under this method, complete separate form A-95b for each vehicle.

Employee's Signature / Date

NOTE: Under the annual lease value method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles.

Department of Administration
OFFICE OF ACCOUNTS AND CONTROL

Annual Statement Of Personal Usage For State-Provided Vehicles
Commuting Valuation Method

SECTION A: DRIVER AND VEHICLE INFORMATION

EMPLOYEE NAME _____ SOCIAL SECURITY NO. _____
 (PLEASE PRINT) (11 DIGITS)

AGENCY _____ PAYROLL ACCOUNT NO. _____

* VEHICLE MAKE MODEL _____ YEAR _____ REGISTRATION NO. _____

SECTION B: SCHEDULE OF COMMUTING DAYS AND CALCULATION OF FRINGE BENEFIT AMOUNT

PERIOD COVERED : FROM: _____ TO: _____
 Please mark and "X" for each commuting day.

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL DAYS
NOV																																
DEC																																
JAN																																
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																

MINUS _____ \$3.00 = _____ Gross Taxable Fringe Benefit Amount (Vehicle Use)

TO EMPLOYEE: Complete and sign this form in duplicate and return to your Payroll Office. *If more than one vehicle, list others below

MAKE OF VEHICLE _____ MODEL _____ YEAR _____ REGISTRATION NO. _____ STATE ASSIGNMENT NO. _____

MINUS _____ \$ Commuting Reimbursement Amount Nov. 1 to Oct. 31 = _____ Net Taxable Fringe Benefit Amount