

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 (PLEASE PRINT) SOCIAL SECURITY NO. (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																																					
																																					TOTAL

No. of Days Commuting X \$3.00 DAY = Gross Taxable Fringe Benefit Amount (Vehicle Use) TOTAL DAYS

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

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.