

Fringe Benefit Compensation Value for Employer-provided Auto

Covered Period: _____ to _____

Company _____

Employee: _____

Auto Description: _____ Date Acquired: _____

Annual Lease Value Method

FMV (e.g., per NADA book) as of auto acquisition date or as of January 1 (or the beginning of a special accounting period) following the end of a deemed four-year lease term \$ _____

IRS annual lease value factor for line 1 _____

Prorate to cover period less than 12 months (if applicable) x _____

Annual lease value for 20__ (line 2 × line 3) \$ _____

Personal-use percentage:

a. ___/___/___ to ___/___/___ personal miles _____

b. ___/___/___ to ___/___/___ total miles _____

Ratio (5a ÷ 5b) x _____%

Annual personal-use value \$ _____

Plus: Additional amount for company-provided gas used personally:

a. Total personal miles per above _____

b. Less mileage when gas paid for personally - _____

c. Total personal miles on company-paid gas _____

d. Additional value for company-paid gas 5.5¢ /mile \$ _____

Total additional compensation for 200__ (line 6 + line 7d) \$ _____