AUTOMOBILE COMMUTING USE REPORTING FORM
REGULAR EMPLOYEE

Employee: _____ Reporting Period: _____

Operating Admin: _____ Soc. Sec. No. _____

Total number of round trips per reporting period vehicle was used for commuting

_____

NOTE Reporting period is November 1 thru October 31

CALCULATION OF VALUE OF FRINGE BENEFIT

Standard DHS Rates: $3.00 per commuting round trip (includes value of vehicle and fuel)

Total Round Trips	Standard DHS Rate	Fringe Benefit Amount
	$ 3.00	$ 0.00

_____ _____

Signature of Preparer/Date Typed Name & Title of Preparer

RETAIN A COPY FOR YOUR OFFICIAL RECORDS
FOR THREE YEARS FROM THE DATE OF SUBMISSION

Reset