

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES

**Employee Worksheet for
Taxable Value of Personal Use of Employer Provided Vehicle**

Agency Code: _____ Agency Name: _____

Employee Name: _____ SS#: _____

Please choose one of the 3 options below:

1. ANNUAL LEASE VALUE METHOD (Most Commonly Used)

Amount of Personal Use

Year: _____ Make: _____ Model: _____ Fair Market Value: _____

$$\frac{\text{_____}}{\text{(Total Miles)}} - \frac{\text{_____}}{\text{(Business Miles)}} = \frac{\text{_____}}{\text{(Personal Usage Miles)}}$$

$$\frac{\text{_____}}{\text{(* Annual Lease Value)}} \times \frac{\text{(Personal Usage Miles)}}{\text{(Total Miles)}} = \frac{\text{_____}}{\text{(Amount for Personal Use)}}$$

Gasoline Calculation

$$5.5\text{¢} \times \frac{\text{_____}}{\text{(Personal Usage Miles)}} = \$ \text{_____}$$

Chauffeur Services

Total reportable taxable value of Chauffeur minus any reimbursements from employee = \$ _____

Taxable Fringe Benefit Amount – Annual Lease Value Method

$$\frac{\$ \text{_____}}{\text{(Amount of Personal Use)}} + \frac{\$ \text{_____}}{\text{(Amount of Gasoline)}} + \frac{\$ \text{_____}}{\text{(Chauffeur Amount)}} = \$ \text{_____}$$

(Taxable Fringe Benefit Amt)

* Once the Annual Lease Value amount is established, you must use this method for the next 4 years, or until the vehicle is replaced.

2. CENTS-PER-MILE RULE VALUATION

Commuting Miles/Personal Usage:

November 1, 2007 – June 30, 2008 _____ x 50.5¢* = \$ _____

July 1, 2008 – October 31, 2008 _____ x 58.5¢** = \$ _____

If gasoline is not supplied or reimbursed, use *45.0¢ or **53.0¢

Taxable Fringe Benefit Amt = \$ _____

3. SPECIAL COMMUTING RULE

$$\frac{\text{_____}}{\text{(Number of One-Way Trips)}} \times \$1.50 = \$ \text{_____}$$

(Taxable Fringe Benefit Amount)

Employee Signature

Date

Return to your Personnel, Payroll, or Finance Office.

I certify that the information reported in Option 1 of this form is true, correct and complete to the best of my knowledge and belief.

***Agency Representative**

Date

Agency Phone # _____

* Signature required only if Option 1 is selected.