Attachment 2

Vehicle Fringe Value Calculation & Reporting Form

NOVEMBER 1, 2018 AND ENDING OCTOBER 31, 2019

Last Name	First Name	M.I.	Work Phone

Social Security No.	Agency Code	**Vehicle Fringe Value**

SECTION I: COMMUTE RULE VALUATION METHOD	
1. Number of one-way commute trips from home to office or first work location of the day during the reporting period.	
2. Number of one-way commute trips to home from office or last work location of the day during the reporting period.	
3. Add lines 1 and 2 and enter sum here.	
4. Multiply line 3 total by $1.50 and enter result here and on line 19.	
SECTION II: CENTS- PER- MILE RULE VALUATION METHOD	
5. Total number of commute/personal miles driven November 1 – December 31, 2018	
6. Total number of commute/personal miles driven January 1 – October 31, 2019	
7. Multiply line 5 by $0.545 and enter here.	
8. Multiply line 6 by $0.58 and enter here.	
9. Enter salary and fringe benefits paid by the State for a State-provided chauffeur.	
10. Add lines 7, 8, and 9 and enter sum here and on line 20.	
SECTION III: LEASE VALUE RULE VALUATION METHOD	
11. Annual lease value amount (from IRS table)	
12. Total number of miles driven	
13. Total number of commute/personal use miles	
14. Percentage of personal to total miles (line 13 divided by line 12)	
15. Multiply line 11 by line 14 and enter here.	
16. Employer paid fuel – multiply line 13 by 5.5 cents and enter here	
17. Enter salary and fringe benefits paid by the State for a State-provided chauffeur.	
18. Add line 15, 16, and 17 and enter sum here and on line 21.	
SECTION IV: TOTAL VEHICLE FRINGE VALUE	
19. Enter total from SECTION I, line 4 here.	
20. Enter total from SECTION II, line 10 here.	
21. Enter total from SECTION III, line 18 here.	
22. Enter total commute payments to State for use of a State vehicle.	
23. Subtract line 22 from line 19, 20, or 21; enter here and in section marked **"VEHICLE FRINGE VALUE"** above (do not enter value less than 0).	

I solemnly affirm under the penalties of perjury that the information on this sheet is true and correct to the best of my knowledge, information and belief. **Signature MUST be on this form. Separate sheets with signatures will not be accepted.**

Signature: _____ Date: _____