REPORT B

"BUSINESS COMMUTE PURPOSE ONLY" USE OF STATE OF MAINE VEHICLES

(Commuting Use Allowed)

Government employees earning \$151,700 or more in 2017 or elected officials must file Report C.

Department:		
Agency/Division:		
Vehicle License Plate, Vehicle Year, M	Make and Model:	
Employee's Name:		
*TAMS User ID:		(Leave blank if not known. Do not enter SSN)
Number of Days Vehicle is used to co		 Do not report \$0.00, complete Report A.)
Mileage	(L	о постероп \$0.00, сотрієсе нероп А.)
November 1, 2016 through October 3	1, 2017	
Start	Stop	Total
I understand that this vehicle is assicommuting to and/or from work.	igned for State business purp	ooses, other than de minimis use, and
During non-business use the vehicle is	s stored at:	
This information is to satisfy substantia	ation record requirements in ac	ecordance with 26 CFR 1.274-5.
Employee's Signature:		Date:
Supervisor's Signature:		Date:

Preferably, PDF copies of this form should be e-mailed to thomas.g.randall@maine.gov.

Otherwise, submit hardcopies to the Office of the State Controller, SHS#14, Attn: Thomas Randall.

The original copy should be retained by Department's or Agency's Administrative Unit for audit purposes.