

TRUCKER'S INCOME & EXPENSE WORKSHEET

		YEAR						
NAME	Federal ID #							
NAME OF BUSINESS								
ADDRESS OF BUSINESS								
						□ <i>or</i> From Through _		
-	•	_				FULL TIME or # of hours_		
s any portion of your investment								
	▼ E	BUSINE	SS INC	OME	▼			
LINEHAUL TRUCKING					1099 –	MISC. Bring in ALL 1099s received.	ring in ALL 1099s received.	
FUEL SURCHARGE					Do your records agree YES			
PICKUP AND DELIVERY					with the amount reported? NO			
TRUCK DENTAL FEEC					Did you receive \$10,000.00 in actual cash from any individual at any one time—or in accumulated			
TRUCK RENTAL FEES					amounts—during this tax year?			
OTHER INCOME								
Kind of Property	Date Acquired	Date	Sold	Gross	Sales Price	Expenses of Sale Original Cos	t	
rand or reporty	Data Floquitos		-	0.000	Carco I III	Expenses of date of onginar occ		
						+		
▼ CAR and TRUCK	EVDENSES (m.	arcanal v	vehicle\ \	,				
· OAR and TROOK	EXT ENGLG (pt	or somar v	VEHICLE 1		HICLE 2	✓ BUSINESS MILES (examples)		
Year and Make of Vehicle				+		Job seeking miles		
Date Purchased (month, date and year)				\top		Out-of-town business		
Ending OdometerReading (December 31)				\top		Bank trips		
Beginning OdometerReading (January 1)			-	-		Business meetings		
Total Miles Driven (End Odo – Begin Odo)				+		Other temp. locations		
Total Business Miles (do you have Total Commuting Miles	another vehicle?)			+		Other		
Parking Fees and Tolls		+		✓ COMMUTING MILES				
raiking rees and rons				+		To truck or business locatio	n	
				+				
Continue only if you take actual expense	if you lease)				Mfg. gross vehicle weight (check one):			
Gas, oil, lube, repairs, tires, batteries, in				6000 lbs. or less				
Lease Costs				Over 6000 lbs.				



TRUCKER'S INCOME & EXPENSE WORKSHEET (Continued)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, etc.			EXPENSES (AWAY FROM HOME OVERNIGHT): Lodging						
-		/Halper			-	I senarate from other o	nete)		
♦ COMMISSIONS & FEES PAID: Lumper/Helper				Meals & tips (keep total separate from other costs) Other (incidentals, laundry, etc.)					
EMPLOYEE BENEFITS: Health Insurance, company party, mileage reimbursements, etc. FUEL: Tractor fuel				II —					
				-	nvention fees				
	Reefer fuel			11 —	Airplane or train fares				
INSURANCE: Wo	rker's comp. business	liability.			to rental, taxis or bu				
INSURANCE: Worker's comp, business liability, truck Insurance, etc.				Bu					
INTEREST: Mortgage (business bldg.):				Gif					
Paid to financial institution				Tic	Tickets				
OTHER INTEREST	Paid to individual			Tic					
	loans			UTILITIE	UTILITIES & TELEPHONE:				
	ment loans			Ele					
	ness only credit card			Na					
	ESSIONAL: Attorney fe	ees for		Ga					
	nting fees, bonds, per			Garbage, water, sewer (business) Telephone (bus. line, second line, other options)					
	: postage, stationery			Business long distance (from home telephone)					
	ank charges, pens, fa			II —					
	SHARING: Employee			- Fax		ging svcs, cellular sv			
♦ RENT/LEASE:	Truck lease	,		WAGES	have been filed	y of W-2s/941s if the	у		
,	Machinery and equi	pment		11		se (subject to Soc.Se	ec.		
,	Other bus. property,			11	and Medicare to	ax)			
♦ REPAIRS & MAI	NTENANCE: Truck, ed			11		18 (not subject to			
etc.	_			Ш	Soc.Sec. and M	ledicare tax)			
SUPPLIES:	Maps, safety supplie	es) OTHER	Other	d alaanska saak			
	Small tools			OTHER	EXPENSES (not liste	d elsewhere):			
	and scale fees			11	Bank charges				
Licenses and permits			11	Dues & Publications (assn/union dues) Education					
Fuel taxes			41						
Highway use taxes			11						
	estate of business bu	ilding & land		-11					
Payro									
TRAVEL (number of nights away): City Nights out Nights out			ll						
,				ll					
City Nights out City Nights out City Nights out City Nights out			ll						
City Nigh	its out City	Nights out		ll					
			JIPMENT cellular phone		HASED g machine, other				
Item	Date	Cost (including	g Item		Additional	Traded with	Other		
Purchased	Purchased	sales tax)	Traded		Cash Paid	Related Property	Information		
		1	_						
corporations) for	nts of \$600.00 or mo rent, interest, or servi information returns to	ces rendered to	you in your	recipient.	If recipient does no		alty can be \$150 per s/her Social Security payment(s).		
Name Address				Social Security # Amount Purpose of Payment					
Sign here	- Boundary Contact	with a HA and a second	L.L.						
vv-9s (Request fo	or Payee's Social Seci	urity #) are availa	DIE.						