

TRUCK DRIVER WORKSHEET

Name _____ Federal ID # _____

Address _____

Expenses:

Advertising _____

Car/Truck Expense* _____

Commissions/Fees _____

Insurance – Business _____

Interest – Mortgage _____
– Other _____

Professional/Legal _____

Office Expense _____

Rent/Leases _____

Repairs/Maintenance _____

Supplies _____

Taxes _____

Travel:

Lodging _____

Entertainment/Meals _____

Days away from home _____

Utilities _____

Wages Paid _____

Other Expenses:

Fuel _____

Business Phone _____

Unloading fee/scales _____

Tires _____

Laundry/showers _____

Parking Fees/Tolls _____

Tools _____

Licenses _____

Sales: (Enclose 1099's) \$ _____

Other Income _____

Total Income _____

***Standard Mile Deduction**

Total Miles _____

Business Miles: 1/1- 6/30 _____

7/1 – 12/31 _____

Commuting Miles _____

Other Miles _____

*Do you have another vehicle for personal use? Y N

*Do you have evidence to support your deduction? Y N

*Is the evidence written? Y N

Office in Home Deduction

Do you have an office in your home that you are deducting expenses for? Y N

(List these expenses separately)

Health Insurance Premiums _____

(Not pre-tax from W-2 wages)

Please list any business assets purchased or sold on another sheet, AND indicate if it is new or used.

SIGNATURE – PLEASE SIGN

I certify that all the information listed is correct and complete, and may be relied upon to prepare my income tax returns.

(Taxpayer's Signature)

(Date)

Did you make payments in 2011 which require you to file Form(s) 1099? Yes No Initial: _____

If so, have 1099's been prepared? Yes No Initial: _____