

TRUCK DRIVER WORKSHEET

Name _____ Federal ID # _____

Address _____

Sales: (Enclose 1099's) \$ _____

Other Income _____

Total Income _____

Expenses:

Advertising _____

Car/Truck Expense* _____

Commissions/Fees _____

Insurance
(not health) @ _____

Health Insurance _____

Interest – Mortgage _____
- Other _____

Professional Fees _____

Office Expense _____

Rent/Leases _____

Repairs/Maintenance _____

Supplies _____

Taxes _____

Travel – lodging _____

Entertainment/Meals _____
Days away from home _____

Utilities/Telephone _____

Wages Paid _____

Other Expenses: _____

Expenses(continued):

Fuel _____

Unloading fee/scales _____

Tires _____

Laundry/showers _____

Parking Fees/tolls _____

Tools _____

Licenses _____

***Standard Mile Deduction**

Total Miles _____

Business Miles: _____

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

Amount paid for
health insurance \$ _____

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