

TRUCKER'S INCO	YE	YEAR					
IAME	Federal ID #						
IAME OF BUSINESS							
ADDRESS OF BUSINESS							
low many months was this bu low many hours during the ye s any portion of your investme	siness in operation dear did you and/or you ent in this business <i>no</i>	uring the year? ur spouse devote to	12 Monthsthis business?	is i or From FULL TIME i o i	# # of hours		
LINEHAUL TRUCKING	· •		- 11	1099 – MISC. Bring in ALL 1099s received.			
FUEL SURCHARGE			Do your records agree YES				
				with the amount reported?			
PICKUP AND DELIVERY				Did you receive \$10,000.00 in actual cash from any			
TRUCK RENTAL FEES		indi ama	individual at any one time—or in accumulated amounts—during this tax year?				
OTHER INCOME							
▼ CAR and TRUCK	X EXPENSES (p	ersonal vehicle)	▼				
		VEHICLE	1 VEHICLE 2	✓ BUSINESS MILES (examples)			
Year and Make of Vehicle				Job seekir			
Date Purchased (month, date and year)					n business		
Ending Odometer Reading (December Beginning Odometer Reading (January		_	Bank trips Business				
Total Miles Driven (End Odo – Begin O			→ I	p. locations			
Total Business Miles (do you have			Other				
Total Commuting Miles							
Parking Fees and Tolls			✓ COMMUTING M	ILES			
License Plates			To truck or	business location			
Interest							
Continue only if you take actu	ual expense (must use actua	al expense if you lease)		Mfg. gross vehicle we	eight (check one):		
				I	g (

TRUCKER'S EXPENSES (continued)

ADVERTISING/PROMOTION: Ads. business cards.					EXPENSI	ES (AWAY FROM HON	IE OVERNIGHT):		
greeting cards, etc.					Lod	ging			
♦ COMMISSIONS & FEES PAID: Lumper/Helper					Meals & tips (keep total separate from other costs			its)	
EMPLOYEE BENEF	ITS: Health Insurance	e. company			Other (incidentals, laundry, etc.)				
party, mileage rein		-, ,			Convention fees				
FUEL:	Tractor fuel				Airplane or train fares				
	Reefer fuel					Auto rental, taxis or bus fares			
	er's comp, business	liability,			MEALS & ENTERTAINMENT:				
truck Insurance, et					Business meals				
	Mortgage (business				Gift	s (limited to \$25 per	ndividual or couple)		
_	Paid to financial insti	tution			Tickets				
OTHER INTEREST:	Paid to individual				Tickets to qualified charitable events				
Truck	oans				UTILITIES & TELEPHONE:				
	nent loans				Elec				
	ss only credit card				Nat				
	SSIONAL: Attorney fe	es for			Gar				
	ng fees, bonds, pern				Garbage, water, sewer (business) Telephone (bus. line, second line, other options)				
OFFICE EXPENSE:	postage, stationery,								
office supplies, bar	nk charges, pens, fax	es, etc.					e (from home telephone) ging svcs, cellular svcs	2	
PENSION/PROFIT S	SHARING: Employees	only					of W-2s/941s if they	,	
♦ RENT/LEASE:	Truck lease				WAGES:	have been filed			
	Machinery and equip					Wages to spous			
	Other bus. property,					and Medicare to			
	TENANCE: Truck, eq	uipment,				Soc.Sec. and M	18 (not subject to		
etc.	Mana asfat					Other	icalcare tax)		
SUPPLIES: Maps, safety supplies Small tools					OTHER EXPENSES (not listed elsewhere):				
	nd scale fees				Bank charges				
-	es and permits						ions (assn/union dues)	
Fuel taxes						Education	(4100111011101110111		
Highway use taxes						Job Related Tes	stina		
Real estate of business building & land						Loading/unloadi			
Payroll						Road services			
TRAVEL (number of nights away):									
	out City								
City Nights	out City	Nights	out		Uniforms and cleaning Washing and cleaning				
City Nights out City Nights o			out			Other			
		_	~						
						HASED			
Item	Date	Cost (inclu		Item	, answerin	<i>g machine, other</i> Additional	Traded with	Other	
Purchased	Purchased	sales tax)	anig	Traded		Cash Paid	Related Property	Information	
corporations) for re	s of \$600.00 or mo	ces rendered	to you		recipient.	If recipient does r	ary 31. Nonfiling pena not furnish you with his o withhold 31% of the p	her Social Security	
business, require i	nformation returns to	be filed by p	ayer.		Number,	you are required to		Dayment(s).	
Name Address				Social S	ecurity #	Amount P	urpose of Payment		
_									
Sign here	D								
w-9s (Hequest for	Payee's Social Secu	ırıty #) are av	/aiiable.						