

TRUCKER'S INCOME & EXPENSE WORKSHEET

CALIFORNIA TAX BOUTIQUE

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

How many months was this business in operation during the year? 12 Months OR From _____ Through _____
 How many hours during the year did you and/or your spouse devote to this business? Is any FULL TIME OR # of hours _____
 portion of your investment in this business *not* subject to payback by you? YES NO

▼ BUSINESS INCOME ▼

LINEHAUL TRUCKING		1099 – MISC. Bring in ALL 1099s received. Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you receive \$10,000.00 in actual cash from any individual at any one time—or in accumulated amounts—during this tax year?
FUEL SURCHARGE		
PICKUP AND DELIVERY		
TRUCK RENTAL FEES		
OTHER INCOME		

▼ Sales of Equipment, Machinery, Land, Buildings Held for Business Use ▼

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

▼ CAR and TRUCK EXPENSES (personal vehicle) ▼

	VEHICLE 1	VEHICLE 2	
Year and Make of Vehicle			<input checked="" type="checkbox"/> BUSINESS MILES (examples) _____ Job seeking miles _____ Out-of-town business _____ Bank trips _____ Business meetings _____ Other temp. locations _____ Other <input checked="" type="checkbox"/> COMMUTING MILES _____ To truck or business location Mfg. gross vehicle weight (check one): _____ 6000 lbs. or less _____ Over 6000 lbs.
Date Purchased (month, date and year)			
Ending Odometer Reading (December 31)			
Beginning Odometer Reading (January 1)	–	–	
Total Miles Driven (End Odo – Begin Odo)			
Total Business Miles (do you have another vehicle?)			
Total Commuting Miles			
Parking Fees and Tolls			
License Plates			
Interest			
<i>Continue only if you take actual expense (must use actual expense if you lease)</i>			
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.			
Lease Costs			

TRUCKER'S EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, etc.	EXPENSES (AWAY FROM HOME OVERNIGHT): Lodging Meals & tips (keep total separate from other costs) Other (incidentals, laundry, etc.) Convention fees Airplane or train fares Auto rental, taxis or bus fares
♦ COMMISSIONS & FEES PAID: Lumper/Helper	MEALS & ENTERTAINMENT: Business meals Gifts (limited to \$25 per individual or couple) Tickets Tickets to qualified charitable events
EMPLOYEE BENEFITS: Health Insurance, company party, mileage reimbursements, etc.	UTILITIES & TELEPHONE: Electricity (business) Natural gas/heating fuel (business) Garbage, water, sewer (business) Telephone (bus. line, second line, other options) Business long distance (from home telephone) Fax transmissions, paging svcs, cellular svcs
FUEL: Tractor fuel Reefer fuel	WAGES: (bring your copy of W-2s/941s if they have been filed) Wages to spouse (subject to Soc.Sec. and Medicare tax) Children under 18 (not subject to Soc.Sec. and Medicare tax) Other
INSURANCE: Worker's comp, business liability, truck Insurance, etc.	OTHER EXPENSES (not listed elsewhere): Bank charges Dues & Publications (assn/union dues) Education Job Related Testing Loading/unloading Road services Tires and tubes Uniforms and cleaning Washing and cleaning Other
INTEREST: Mortgage (business bldg.): Paid to financial institution Paid to individual	
OTHER INTEREST: Truck loans Equipment loans Business only credit card	
♦ LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc.	
OFFICE EXPENSE: postage, stationery, office supplies, bank charges, pens, faxes, etc.	
PENSION/PROFIT SHARING: Employees only	
♦ RENT/LEASE: Truck lease Machinery and equipment Other bus. property, locker fees	
♦ REPAIRS & MAINTENANCE: Truck, equipment, etc.	
SUPPLIES: Maps, safety supplies Small tools	
TAXES: Tolls and scale fees Licenses and permits Fuel taxes Highway use taxes Real estate of business building & land Payroll	
TRAVEL (number of nights away): City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____	

EQUIPMENT PURCHASED

Radio, pager, cellular phone, answering machine, other...

Item Purchased	Date Purchased	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

♦ 1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

Due date of return is January 31. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment