Trucking Business Tax Worksheet

Name of Business:			
Taxpayer Name:		Tax Payer SS#:	
Gross Income (provide any 1099's) *A	$	Number of Miles Logged	
Bank Service Charges	$	Telephone, Pager	$
Computer Expense	$	Tractor Rental	$
Fuel Expense	$	Tolls	$
Insurance (Bobtail & Tractor)	$	Weigh Station Fees	$
Legal and Accounting	$	Showers & Toiletries	$
Licenses and Permits	$	Parking Fees	$
Supplies (Personal Organizer)	$	Truck Repairs	$
Other Equipment Rental	$	Truck Maintenance	$
Postage & Delivery	$	Other - Explain	$
Business Use of Personal Vehicle Expense			
Vehicle expenses (provide breakdown)	$	Is this evidence written? Yes or No	
Type & Year of Vehicle:		If you lease, what is the monthly payment?	$
Date First Used for Business: / /		Number of Miles Driven for Business	mi.
Do you have another car for personal use? Yes or No		Number of Miles Driven for Personal	mi.
Do you have evidence to support the deduction? Yes or No		Number of Miles Driven for Commuting	mi.
Home Office			
Square Footage of Home	sq./ft	Cost of Utilities Except Water per Month	$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	$
Fair Market Value of Home	$	Insurance – Homeowners/Renters	$
Number of Months Office was in Home		Other - Specify	$

List Equipment Purchased	Date Purchased	Placed in Service	Cost
Tractor Purchase	/ /	/ /	$
Other Equipment Purchase (Explain)	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$

Estimated Payments:

Federal Amount	Date Payment Made	State Amount	Date Payment Made
$		$	
$		$	
$		$	
$		$	

Small Business Comments and Other Expenses:

Note: If new client – provide copy of last years tax return!

*A – Provide Freight Company Settlement Sheets