



Business or Profession Driver EIN # _____

Business Name _____

Address _____

City, State, and Zip Code _____

Total Driver Pay _____

Business Cards _____
Postage _____
Faxes _____
Misc _____
Advertising _____

Office Supplies _____
Small Tools _____
Bank Fees _____
(computer,laptop,tablet,cellphone, earbud,chargers,printer,etc.)

Lodging _____
Entertainment _____
Meals _____ Number of days worked _____
Total Travel _____

Truck Insurance _____
Other Insurance _____
Health Insurance _____
Total Insurance _____

Tax Prep Fees _____
Legal and Professional _____

Fuel _____
Fuel Tax _____
Comdata Fee _____
Other Fees _____

Vehicle Rental _____
Trailer Rental _____
Office Space Rent _____
Truck Storage _____

Cell Phone _____

Website _____

Internet _____

P.O.Box Fee _____

Parts _____

Equipment(TV,CB,radars,etc) _____

Total Supplies _____

Bobtail _____

Truck Tag _____

Licenses _____

Federal Hwy Use Taxes _____

Dispatch Fees _____

Contracted Driver's Pay _____

Other Wages _____

Brokerage Fees _____

Scale and Tolls _____

Tickets _____

Truck Washes _____

Other Fees _____

Turn Over

Repairs and Maintenance _____

Depreciation

Truck 1 Expense

Purchase Date _____
Date of Service _____
Truck Type/Year _____
Purchase Amount _____
Truck Lease _____
Total Miles _____

Truck 2 Expense

Purchase Date _____
Date of Service _____
Truck type/Year _____
Purchase Amount _____
Truck Lease _____
Total Miles _____

Office Equipment/Furniture **Price** **Date of purchase**
\$ _____ _____

Equipment/Tools **Price** **Date of purchase**
\$ _____ _____

Please Answer the following questions.

Was your vehicle available during off duty hours?	Yes	No
Do you have another vehicle for personal use?	Yes	No
Do you have evidence to support your deduction?	Yes	No
If Yes, is evidence written?	Yes	No

All of the information entered on this worksheet is true to the best of my knowledge.

Taxpayer signature Date

Spouse Signature Date