



118 North Ave  
Jonesboro GA 30236

Business or Profession \_\_\_\_\_ 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 \_\_\_\_\_

Travel \_\_\_\_\_

Worker's Comp Insurance \_\_\_\_\_

Health Insurance \_\_\_\_\_

Tax Prep Fees \_\_\_\_\_

Legal and Professional \_\_\_\_\_

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) \_\_\_\_\_

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 \_\_\_\_\_

Parking Fees \_\_\_\_\_

Pre Pass \_\_\_\_\_

DOT Fees \_\_\_\_\_  
Authority Fees \_\_\_\_\_  
Load Boards \_\_\_\_\_  
ELD Fees \_\_\_\_\_

Medical Card \_\_\_\_\_  
UCR Registration \_\_\_\_\_  
Factoring Fees \_\_\_\_\_  
Annual Inspection \_\_\_\_\_

Warranty/Auto Club \_\_\_\_\_

**Depreciation**

**Truck 1 Expense**

Purchase Date \_\_\_\_\_  
Date of Service \_\_\_\_\_  
Truck Type/Year \_\_\_\_\_  
Gas/oil \_\_\_\_\_  
Repairs/Tires/Batteries \_\_\_\_\_  
Insurance \_\_\_\_\_  
Loan Interest/yr \_\_\_\_\_  
Purchase Amount \_\_\_\_\_  
Truck Lease \_\_\_\_\_  
Business Miles/yr \_\_\_\_\_

**Truck 2 Expense**

Purchase Date \_\_\_\_\_  
Date of Service \_\_\_\_\_  
Truck type/Year \_\_\_\_\_  
Gas/oil \_\_\_\_\_  
Repairs/Tires/Batteries \_\_\_\_\_  
Insurance \_\_\_\_\_  
Loan Interest/yr \_\_\_\_\_  
Purchase Amount \_\_\_\_\_  
Truck Lease \_\_\_\_\_  
Business Miles/yr \_\_\_\_\_

**\*purchased amount include total financed\***

Office Equipment/Furniture \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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