Truck Driver Income Worksheet BUSINESS CODES: Local Hauling (464110) Long Haul (464120)

Did you receive a 1099NEC?	Circle One: Y	YES NO	
f so, what is the amount of income shown	on the 1099NEC?		
Do you have a business address, other YES , what is the address, including city	and zip code?		
How many weeks/months in busines	ss during the year? _	weeks	months
Did you use bills/invoices? Do you deposit the money from the busine If yes, do you have bank statements or the		Circle C	One: YES NO One: YES NO One: YES NO
Oo you charge by load or by miles driven? How many customers did you drive for?			
Customer	Loads Delivered	Miles Driven	Total Charge
	Total Income for t	the vear? \$	
	Total Income for	. φ	
Do you have expenses? Cir f YES, continue to page 2. If NO, please explain:	cle One: YES N	NO	
			_

Truck Driver Expense Worksheet VEHICLES FOR HIRE MUST USE ACTUAL EXPENSES

	Vehicle Expense: (Standard Mileage Rate) Business Miles Only [From Mileage Log Worksheet]
	total business miles x 57.5¢ per mile =
Oo you own the tra	ctor trailer/truck that you use to haul loads? Circle One: YES NO
Actual	Expenses Vehicle Depreciation Information
	Fuel costs Type of Vehicle Parking Fees and Tolls
	Insurance Purchase DateOil and tires
	Vehicle Repairs Purchase Price License and Registration
ENTER AMOUNT OR N/A	
	Per Diem (For Meals & Incidental Expenses While Away Overnight) # of Days away overnight: x \$66.00 = (Amt. to ent Line) (In Software Amount will be multiplied by 80% to Determine Deductible Amount Travel Expenses: (Business Travel Only - Actual Costs)
	Lodging [hotel or motel costs] Car Rental
	Leasing Costs (If Tractor Trailer/Truck is Leased instead of Owned) Calculated as follows: (Tatal Lease Associated)
	\$ per month x months = (Total Lease Amount) Licenses & Permits required for work Cell Phone (exclusively used for business purposes) Safety Equipment (gloves, steel-toed boots, safety glasses) Uniforms (If Required for Work) Office Expense (Postage, Faxes, Copies, Internet, Log Book) Insurance (Liability) Parking & Tolls D.O.T. Physical

SPOUSE SIGNATURE

DATE

TAXPAYER SIGNATURE

DATE