

Truck Driver/Transportation Industry Expense Worksheet



tax defense
NETWORK

Client Name:

Tax Year:

Client Information

Are you a Local Driver or Over the Road:

Do you receive a W-2 or 1099:

Do you have an YTD settlement statement? YES NO

If yes, do not complete the information below; attach your statement to this worksheet. Please sign below to acknowledge the YTD attachment :

Signature:

RELATED EXPENSES

Fuel:	\$	Gas, Oil, and Lubricants:	\$
Insurance (List Amount here and Type below):	\$	Maintenance:	\$
Type of Insurance:		Office expenses:	\$
Repairs (List Amount here and Type below) :	\$	Safety Wear:	\$
Type of Repairs:		Phone:	\$
Tires:	\$	Lease Payments:	\$
Tolls:	\$	License/Taxes:	\$
Storage Costs:	\$	Wash/Wax:	\$
Lumpers/Helpers:	\$	Number of Days Over the Road	

Other, list items and amounts:

Depreciation? Please attach a copy of your prior year's depreciation schedule. For new assets purchased, list the property description, date purchased and the amount below:

Property Description:	Date Purchased:	Amount: \$
Property Description:	Date Purchased:	Amount: \$
Property Description:	Date Purchased:	Amount: \$

** Please attach a separate page for any additional purchases*

Signature of Taxpayer

Date

Signature of Partner/Spouse

Date