

LONG HAUL TRUCK / OVERNIGHT DRIVER DEDUCTIONS

Client's Name: _____

Tax Year: 20_____

The purpose of this worksheet is to help you organize your tax deductible business expense. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

OUT OF TOWN TRAVEL EXPENSES	
Baggage & Shipping	
Bath/Shower	
Car Rental & Gas	
Laundry/Laundry Supplies	
Locker Fees	
Lodging	
Meals (Actual Costs)	
Parking & Tolls	
Taxi, Commuter Bus, Shuttles	
Telephone/Fax	
Tips	
Toiletries	
Transportation - Air Fare, Bus, Train	
Other:	

OWNER OPERATOR TRUCK EXPENSES	
Description of Truck	
Date Placed in Service	
Odometer - Beginning of Year	
Odometer - Ending of Year	
Interest Paid	
Gas, Lube, Oil	
Repairs & Maintenance	
Tires	
Insurance	
License/Registration Fee	
Other:	

DUES & FEES	
License	
Permits/Fees	
Security Bond	
Trade Association Dues	
Travel Card Dues	
Union Dues	
Other:	

MISCELLANEOUS EXPENSES	
Business Cards & Stationary	
Deliver Expenses - Postage	
Insurance - Business	
Legal & Professional Services	
Office Supplies	
Safety Glasses	
Secretarial Services	
Testing - Job Related	
Other:	
Other:	
Other:	

SUPPLIES	
Back Supporter	
Batteries	
Cellular Phone	
Citizens Band Radio	
Compass/GPS	
Fire Extinguisher	
First Aid Kit	
Glasses - Safety & Sun	
Gloves	
Ice Chest/Thermos	
Map/Map Books	
Radio	
Safety Boots/Shoes	
Seat Cushion	
Tools	
Trade Publications	
Uniform & Maintenance	
Weather Receiver	
Other:	
Other:	
Other:	
Other:	
Other:	

THE IRS/FTB requires that the taxpayers(s) be advised that it is their individual responsibility to keep or maintain actual receipts and completed personal checks used for the acquisition of any item or services expensed on their individual income tax return. While Associated Income Tax Services of Visalia, Inc. does not require to view these receipts/invoices/checks, it will be necessary to produce these receipts if audited or questioned by the IRS/FTB to prove the expenses.

Signature: _____

Date: _____

Associated Income Tax Services of Visalia, Inc.

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