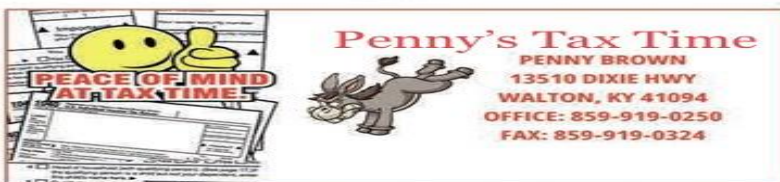


TRUCK DRIVER

****Please Give Totals****
Save Receipts



Revenue

TOTAL INCOME (1099 INCOME)

RETURNS / ALLOWANCES

Cost of Goods Sold

SUPPLIES (TOOLS/

Expenses

ADVERTISING		<input style="width: 100%; height: 20px;" type="text"/>
COMMISSIONS / FEES		<input style="width: 100%; height: 20px;" type="text"/>
CONTRACT LABOR	(HIRE OUTSIDE HELP)	<input style="width: 100%; height: 20px;" type="text"/>
INSURANCE (NOT health)		<input style="width: 100%; height: 20px;" type="text"/>
INTEREST - MORTGAGE	(MORTGAGE FOR BUSINESS)	<input style="width: 100%; height: 20px;" type="text"/>
INTEREST - OTHER	(CREDIT CARD/LOANS)	<input style="width: 100%; height: 20px;" type="text"/>
LEGAL / PROFESSIONAL	(PHYSICAL/SHOWER/WASH)	<input style="width: 100%; height: 20px;" type="text"/>
OFFICE EXPENSE		<input style="width: 100%; height: 20px;" type="text"/>
RENT- VEHICLE / MACHINERY		<input style="width: 100%; height: 20px;" type="text"/>
RENT - OTHER	(PARKING / OFFICE)	<input style="width: 100%; height: 20px;" type="text"/>
DAYS OUT FOR THE YEAR		<input style="width: 100%; height: 20px;" type="text"/>
TAXES / LICENSE	(HEAVY RD TAX/TOLLS/CDL)	<input style="width: 100%; height: 20px;" type="text"/>
TRAVEL	(HOTEL STAY/FLIGHT/CAB FARE)	<input style="width: 100%; height: 20px;" type="text"/>
MEALS		<input style="width: 100%; height: 20px;" type="text"/>
UTILITIES - Electric, Water, Trash		<input style="width: 100%; height: 20px;" type="text"/>
CELL PHONE		<input style="width: 100%; height: 20px;" type="text"/>
INTERNET		<input style="width: 100%; height: 20px;" type="text"/>
OTHER EXPENSE		<input style="width: 100%; height: 20px;" type="text"/>
LAUNDRY		<input style="width: 100%; height: 20px;" type="text"/>
UNIFORM / SAFETY WEAR		<input style="width: 100%; height: 20px;" type="text"/>
		<input style="width: 100%; height: 20px;" type="text"/>
MILEAGE	(NOT CLAIMING FUEL/REPAIR)	<input style="width: 100%; height: 20px;" type="text"/>
FUEL		<input style="width: 100%; height: 20px;" type="text"/>
REPAIRS/MAINTENANCE	(ONLY IF CLAIMING FUEL)	<input style="width: 100%; height: 20px;" type="text"/>
		<input style="width: 100%; height: 20px;" type="text"/>
TYPE EQUIP. PURCHASE	DATE & COST	<input style="width: 100%; height: 20px;" type="text"/>
_____	_____	<input style="width: 100%; height: 20px;" type="text"/>
_____	_____	<input style="width: 100%; height: 20px;" type="text"/>
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_____	_____	<input style="width: 100%; height: 20px;" type="text"/>
_____	_____	<input style="width: 100%; height: 20px;" type="text"/>

DID YOU ISSUE A 1099 TO ANYONE? YES OR NO

BUSINESS NAME _____

STATE ESTABLISHED _____ DATE ESTABLISHED _____

Do you need Occupational License? County? _____ City? _____	LLC, PARTNER, S-CORP, INC.? EIN # _____ Org# _____ LLET# _____
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