



Business Income & Expences for the year of _____

Business name _____
 Business Address _____
 EIN # _____

Business Income:	
Total Income	
Factoring Fees	

Vehicle Info.	1	2	3
Model			
Cost			
Date Purchased			
Fuel			
Repair			
Other			
Business Milles Last Year			

Business Expenses:	
Accounting & Tax Preparation	
Advertising	
Bank Charges	
Insurance	
Nights/Days in the truck (logbook)	
Dues & Subscription	
Contractors/Drivers (send Form 1099)	
Interest (credit cards, loans)	
Janitorial	
Laundry & Cleaning	
Legal & Profesional	
Licenses, Road tax, permits, ect.	
Office Expence	
Parking & Tolls	
Postage & Delivery	
Restaurants (business meetings)	
Rent Equipment	
Rent Other	
Repairs & Maintenance	
Travel (hotels, taxi)	
Supplies	
Drug Testing & Medical Card	
Scale	
Telephone - Cellphone	
Uniforms & Safety Equipment	
Diesel & DEF	
Tires	
Truck Wash & Wax	
Lumper & Warehouse	

Business Equipment, Electronics & Furniture		
Description	Cost	Purchase Date

Other Notes

Business Use of Home			
	Where you Live	Other Homes	Other Homes
Total Sq/ft			
Sq/Ft for Business			
Mortgage Interest			
Property Tax			
House Insurance			
Repairs & Maintenance			
Landscaping			
Rent			
Cable			
Electric			
Gas			
Water			
Garbage			

Client Information - For the _____ Tax Year

Taxpayer

First name and initial
Last name
Social security no.
Occupation
Date of birth (m/d/y)
E-mail address

Spouse

First name and initial
Last name
Social security no.
Occupation
Date of birth (m/d/y)
E-mail address

Address

Street Address
Apartment number
City
State
ZIP code

Contact Info

Phone

Dependents

First name and initial
Last name
Social security no.
Occupation
Date of birth (m/d/y)
Relationship

Dependents

First name and initial
Last name
Social security no.
Occupation
Date of birth (m/d/y)
Relationship

Dependents

First name and initial
Last name
Social security no.
Occupation
Date of birth (m/d/y)
Relationship