

Tax Organizer—Long Haul Truckers and Overnight Drivers

Name: _____ Tax Year: _____

Principal Business: _____

Business Name and Address: _____

Date Business Started (if started this year): _____

| PART 1—Out-of-Town Travel Expenses | |
|---------------------------------------|--|
| Baggage and Shipping | |
| Bath and Shower Costs | |
| Car Rental and Gas | |
| Laundry and Laundry Supplies | |
| Locker Fees | |
| Lodging | |
| Meals (Actual Cost) | |
| Parking and Tolls | |
| Taxi, Commuter Bus and Shuttles | |
| Telephone and Fax | |
| Tips | |
| Toiletries | |
| Transportation—Airfare, Bus and Train | |
| Other: _____ | |

| PART 2—Owner/Operator Truck Expenses | |
|--------------------------------------|--|
| Description of Truck | |
| Date Placed in Service | |
| Odometer—Beginning of Year | |
| Odometer—End of Year | |
| Interest Paid | |
| Gas, Lube and Oil | |
| Repairs and Maintenance | |
| Tires | |
| Insurance | |
| License and Registration Fees | |
| Other: _____ | |

| PART 3—Dues and Fees | |
|------------------------|--|
| License | |
| Permits and Fees | |
| Security Bond | |
| Trade Association Dues | |
| Travel Card Fees | |
| Union Dues | |
| Other: _____ | |

| PART 4—Miscellaneous Expenses | |
|---------------------------------|--|
| Business Cards and Stationary | |
| Delivery Expenses—Postage | |
| Insurance—Business | |
| Legal and Professional Services | |
| Office Supplies | |
| Safety Classes | |
| Secretarial Services | |
| Testing—Job Related | |
| Other: _____ | |
| Other: _____ | |

| PART 5—Supplies | |
|--------------------------|--|
| Back Supporter | |
| Batteries | |
| Cellular Phone | |
| Citizens Band Radio | |
| Compass/GPS | |
| Fire Extinguisher | |
| First Aid Kit | |
| Flares | |
| Flashlight | |
| Glasses—Safety and Sun | |
| Gloves | |
| Ice Chest/Thermos | |
| Map/Map Book | |
| Radio | |
| Safety Boots/Shoes | |
| Seat Cushion | |
| Tools | |
| Trade Publications | |
| Uniforms and Maintenance | |
| Weather Receiver | |
| Other: _____ | |
| Other: _____ | |
| Other: _____ | |