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 Income Tax Services • Accounting • Business Consulting

TAXICAB DRIVER'S INCOME & EXPENSE WORKSHEET

NAME _____	YEAR _____
ADDRESS OF BUSINESS _____	Federal ID # _____

How many months was business in operation during the year? 12 Months **OR** From.....Through.....

How many hours during the year did you and/or your spouse devote to this business? FULL TIME **OR** # of hours.....

Is any portion of your investment in this business *not* subject to payback by you? YES NO

Is the vehicle: LEASED **OR** OWNED

BUSINESS INCOME

FARES COLLECTED (should agree with waybills):

- 1. Cash (including tips).....\$ _____
- 2. Checks (including tips).....\$ _____
- 3. Credit Cards (including tips).....\$ _____
- 4. Lease Income.....\$ _____
- 5. Other Income\$ _____

GRAND TOTAL INCOME (add lines 1 through 5).....\$ _____

Number of days worked Number of customers per day.....
 Amount earned for entry Rate charged per mile

Sales of Equipment, Machinery, Land, Buildings Held for Business Use

Kind of property	Date Acquired	Date Sold	Gross Sales Price	Expense of Sale	Original Cost

TAXICAB EXPENSES

Year and Make of Vehicle.....Date purchased (mm/dd/yyyy).....
 Miles per gallon of gas.....Ending Odometer Reading (December 31)

Beginning Odometer Reading (January 1).....Total Miles Driven (End Odo – Begin Odo).....
 Total Business Miles (do you have another vehicle?)

Total Commuting Miles.....Parking Fees and Toll.....

OPERATING EXPENSES

License Plates.....\$ _____	Interest.....\$ _____	Gas.....\$ _____
Oil.....\$ _____	Lube.....\$ _____	Repairs.....\$ _____
Tires.....\$ _____	Batteries.....\$ _____	Insurance.....\$ _____
Supplies.....\$ _____	Was/Wax.....\$ _____	Lease.....\$ _____



TAXICAB EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, etc.....	\$
*COMMISSIONS & FEES PAID: Contract labor, surcharges, dispatch fees.....	\$
EMPLOYEE BENEFITS: Health insurance, holiday party, mileage reimbursement, etc.....	\$
INSURANCE: Worker's Comp, business liability, truck insurance, etc.....	\$
INTEREST: List life insurance loans separately (do not include taxi).....	\$
Business-only credit card.....	\$
*LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc...\$	\$
OFFICE EXPENSE: Postage, stationery, office supplies, logbooks, receipt books, pens, etc.....	\$
PENSION/PROFIT SHARING: Employees only.....	\$
*RENT/LEASE: Machinery and equipment.....	\$
Other bus, property, storage.....	\$
*REPAIRS & MAINTENANCE: Radios, equipment, etc. (do not include taxi).....	\$
SUPPLIES: Maps, books, etc.....	\$
Small tools.....	\$
TAXES:	
Personal Property.....	\$
Licenses (not auto/truck).....	\$
Payroll/DMV Taxes.....	\$
TRAVEL (number of nights away):	
City.....Nights out.....City.....Nights out.....	
City.....Nights out.....City.....Nights out.....	
City.....Nights out.....City.....Nights out.....	
EXPENSES (Away from home overnight)	
Lodging.....	\$
Meals & tips (keep total separate from other costs).....	\$
Other (incidentals, laundry, etc.).....	\$
Convention fees.....	\$
Airplane or train fares.....	\$
Auto rental, taxis or bus fares.....	\$
MEALS & ENTERTAINMENT:	
Business lunches.....	\$
Gifts (limited to \$25 per individual or couple).....	\$
Tickets.....	\$
Tickets to qualified charitable events.....	\$
UTILITIES & TELEPHONE:	
Telephone (bus, line, second line, other options).....	\$
Business long distance (from home telephone).....	\$
Faxes, paging svcs, cellular svcs, pay phone.....	\$
WAGES: (bring your copy of W-2's/941s if they have been filed).....	\$
Wages of spouse (subject to Soc. Sec. and Medicare tax).....	\$
Other.....	\$
OTHER EXPENSES (not listed elsewhere):	
Bank charges.....	\$
Dues & Publications.....	\$
Education.....	\$
Security expense.....	\$
Uniforms & upkeep.....	\$
Laundry & cleaning.....	\$
Printing & copying.....	\$



EQUIPMENT PURCHASED

Meters, radios, hazard signs, storage equipment, furniture, alarm systems, etc.

Item Purchased	Date Purchased	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

Franchise Fee Paid \$ _____ Date

Dispatch Fee Paid \$ _____ Date

* 1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer. Due date of return is January 31. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment

Questions to the Accountant

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Sign here Date

W-9s (Request for Payee's Social Security #) are available.