

LONG HAUL TRUCKER/OVERNIGHT DRIVER DEDUCTIONS

Client: _____

ID# _____

Tax Year _____

| Out of Town Travel Expenses | | |
|-------------------------------------|--|--|
| Baggage & Shipping | | |
| Bath/Shower | | |
| Car Rental & Gas | | |
| Laundry/Laundry Supplies | | |
| Locker Fees | | |
| Lodging | | |
| Meals (Actual Cost) | | |
| Parking & Tolls | | |
| Taxi, Commuter Bus, Shuttles/Tips | | |
| Telephone/Fax | | |
| Toiletries | | |
| Transportation-Air Fare, Bus, Train | | |
| Total | | |
| Owner Operator Truck Expenses | | |
| Description of Truck | | |
| Date Placed in Service | | |
| Odometer-Beginning of Year | | |
| Odometer-End of Year | | |
| Interest Paid | | |
| Gas, Lube, Oil | | |
| Repairs & Maintenance | | |
| Tires | | |
| Insurance | | |
| License/Registration Fee | | |
| Total | | |
| Dues & Fees | | |
| License | | |
| Permits/Fees/Union Dues | | |
| Security Bond | | |
| Trade Association Dues | | |
| Travel Card Fees | | |
| Total | | |
| Other Operating Expenses | | |
| Business Cards & Stationery | | |
| Delivery Expenses-Postage | | |
| Insurance-Business | | |
| Legal & Professional Services | | |
| Office Supplies | | |
| Safety Classes | | |
| Secretarial Services | | |

| Testing-Job Related | |
|------------------------|--|
| Total | |
| Supplies | |
| Back Supporter | |
| Batteries | |
| Cellular Phone | |
| Citizens Band Radio | |
| Compass/GPS | |
| Fire Extinguisher | |
| First Aid Kit | |
| Flares/Flashlight | |
| Glasses-Safety & Sun | |
| Gloves | |
| Ice Chest/Thermos | |
| Map/Map Book | |
| Radio | |
| Safety Boots/Shoes | |
| Seat Cushion | |
| Tools | |
| Trade Publications | |
| Uniforms & Maintenance | |
| Weather Receiver | |
| Total | |