



TAXICAB DRIVER'S INCOME & EXPENSE WORKSHEET

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

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 workedNumber of customers per day.....
 Amount earned for entryRate 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.....\$ _____	Wash/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

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Questions to the Accountant

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I do hereby certify that all the information provided to the tax preparer is true and correct. I agree that all business expenses are not for private use and I take full responsibility for the information and I kept all receipts to support the expenses in case the IRS request supporting documents. This information and data is true, correct and complete to the best of my (our) knowledge. This information and data was supplied to be used for sole purpose of preparing my tax return. All information and data can be substantiated by canceled checks, receipts, records, federal and state employment forms and other documentation.

Sign here Date

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