

# TAXICAB DRIVER'S INCOME & EXPENSE WORKSHEET

YEAR \_\_\_\_\_

NAME \_\_\_\_\_ Federal ID # \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

How many months was this 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

## ▼ BUSINESS INCOME ▼

TOTAL FARES COLLECTED (should agree with waybills)		Number of days worked _____
TIPS		Number of customers per day _____
LEASE INCOME (Second Driver)		Amount earned for entry _____
OTHER INCOME		Rate charged per mile _____

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

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

## ▼ TAXICAB EXPENSES ▼

Year and Make of Vehicle	
Date Purchased (month, date and year)◊	
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 Tolls	

## ▼ OPERATING EXPENSES ▼

License Plates	_____
Interest	_____
Gas	_____
Oil	_____
Lube	_____
Repairs	_____
Tires	_____
Batteries	_____
Insurance	_____
Supplies	_____
Wash/Wax	_____
Lease	_____

## TAXICAB EXPENSES (continued)

<b>ADVERTISING/PROMOTION:</b> Ads, business cards, greeting cards, etc.	<b>EXPENSES (AWAY FROM HOME OVERNIGHT):</b> 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
♦ <b>COMMISSIONS &amp; FEES PAID:</b> Contract labor, surcharges, dispatch fees.	<b>MEALS &amp; ENTERTAINMENT:</b> Business lunches Gifts (limited to \$25 per individual or couple) Tickets Tickets to qualified charitable events
<b>EMPLOYEE BENEFITS:</b> Health insurance, holiday party, mileage reimbursements, etc.	<b>UTILITIES &amp; TELEPHONE:</b> Telephone (bus. line, second line, other options) Business long distance (from home telephone) Faxes, paging svcs, cellular svcs, pay phone
<b>INSURANCE:</b> Worker's Comp, business liability, truck insurance, etc.	<b>WAGES:</b> (bring your copy of W-2s/941s if they have been filed) Wages to spouse (subject to Soc.Sec. and Medicare tax) Children under 18 (not subject to Soc.Sec. and Medicare tax) Other
<b>INTEREST:</b> <i>(do not include taxi)</i> List life insurance loans separately Business-only credit card	<b>OTHER EXPENSES (not listed elsewhere):</b> Bank charges Dues & Publications (assn/union dues) Education Security expense Uniforms & upkeep Laundry & cleaning Printing & copying
♦ <b>LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting fees, bonds, permits, etc.	
<b>OFFICE EXPENSE:</b> Postage, stationery, office supplies, logbooks, receipt books, pens, etc.	
<b>PENSION/PROFIT SHARING:</b> Employees only	
♦ <b>RENT/LEASE:</b> Machinery and equipment Other bus. property, storage	
♦ <b>REPAIRS &amp; MAINTENANCE:</b> Radios, equipment, etc. (do not include taxi)	
<b>SUPPLIES:</b> Maps, books, etc. Small tools	
<b>TAXES:</b> Personal Property Licenses (not auto/truck) Payroll/DMV Taxes	
<b>TRAVEL (number of nights away):</b> City_____ Nights out_____ City_____ Nights out_____	
City_____ Nights out_____ City_____ Nights out_____	
City_____ Nights out_____ City_____ Nights out_____	
City_____ Nights out_____ City_____ Nights out_____	

## 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 _____						

♦ 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

Sign here \_\_\_\_\_