

# Knell Tax

Phone: (417) 782-5133

2417 Fairlawn Dr. Carthage, MO 64836

FAX: (417) 624-1701

## BUSINESS INFORMATION for OWNER-OPERATORS

Your Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Federal Employer ID#: \_\_\_\_\_

Spouse's Name (if Co-Driver): \_\_\_\_\_

Spouse Social Security #: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you owned your business? \_\_\_\_\_

### Number of days away from home

Do you maintain a separate bank account exclusively for your business? \_\_\_\_\_

**JAN - SEP** You: \_\_\_\_\_ Spouse: \_\_\_\_\_

**OCT - DEC** You: \_\_\_\_\_ Spouse: \_\_\_\_\_

- Check this box if you made any payments of \$600 or more that would require you to file Form(s) 1099  
 Check this box if you filed all required 1099's for payments of \$600 or more

## TRUCK AND TRAILER INFORMATION

Do you own or lease your truck and/or trailer? \_\_\_\_\_

Purchase price: \_\_\_\_\_

Make/Model and Year: \_\_\_\_\_  
\_\_\_\_\_

Date of purchase: \_\_\_\_\_

Date placed in service: \_\_\_\_\_

If leasing, amount paid for lease: \_\_\_\_\_

If own, amount of interest paid: \_\_\_\_\_

## GROSS RECEIPTS OR 1099 TOTAL

(Include all cash amounts and amounts not included on 1099's AND provide all 1099's)

\$ \_\_\_\_\_

## EXPENSES

Advertising	\$ _____	Sattelite	\$ _____
Bank charges	\$ _____	Showers	\$ _____
Contract labor	\$ _____	Taxes - fuel	\$ _____
Commissions and fees	\$ _____	Taxes - payroll	\$ _____
DOT Physical & drug testing	\$ _____	Taxes - other	\$ _____
Dues and subscriptions	\$ _____	Telephone - cell phone	\$ _____
Fuel	\$ _____	Tires	\$ _____
Insurance - Truck	\$ _____	Tools	\$ _____
Insurance - Other	\$ _____	Travel - lodging & transportation	\$ _____
Internet	\$ _____	Truck Supplies	\$ _____
Interest - other (credit card, non-auto loans)	\$ _____	Truck Wash	\$ _____
Laundry	\$ _____	Uniforms (not usable outside work)	\$ _____
Legal and professional fees	\$ _____	Unloading	\$ _____
Licenses and permits	\$ _____	Wages	\$ _____
Office expense	\$ _____	Other expenses (describe below)	_____
Oil/additives	\$ _____	_____	\$ _____
Parking/Tolls/Scales	\$ _____	_____	\$ _____
Postage and shipping	\$ _____	_____	\$ _____
Rent - machinery & equipment	\$ _____	_____	\$ _____
Repairs & maintenance	\$ _____	_____	\$ _____

*By signing this form, you are acknowledging that the information that you have provided is true to the best of your knowledge.*

Authorized Company Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

Drop Date: \_\_\_\_\_ Preparer: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Taken By: \_\_\_\_\_