

# Income Tax Information CAB DRIVERS

Name:..... SSN:.....

## TOTAL YEARLY INCOME

CREDIT CARD: \$ _____
VOUCHERS:\$ _____
CASH:\$ _____
Tips: \$ _____

## EXPENSES

CAB RENT	
GAS	
CELL PHONE	
CAR WASH	
VOUCHER FEES	
AIRPORT TOLLS	
RADIO CHARGES	
REPAIRS	
FEES & LICENSES	

## OTHER EXPENSES (PLEASE DESCRIBE)

<b>TOTAL EXPENSES:</b>	
<b>TOTAL INCOME/LOSS:</b>	

SIGNATURE REQUIRED: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE: IF YOU WERE ISSUED ANY 1099'S OR 1099K'S YOU WILL NEED TO PROVIDE THEM AT TIME OF TAX FILING**