

Trucking

Year _____

Name _____

Dalmeny Accounting Services Ltd.

Box 473 – 138 3rd Street

Dalmeny, SK

S0K 1E0

Phone (306) 254-4391 Fax (306) 254-4393

Website – www.dalmenyaccounting.ca Email – marc@dalmenyaccounting.ca

TRUCKING (Owner Operated & Leased Operator)

Index of Forms	# of forms	Yearly Total
Revenues	2	_____
Accounting & Legal	1	_____
Administration Fees	1	_____
Bank Interest & Service Charges	1	_____
Cargo Expense	1	_____
Claims	1	_____
Insurance	1	_____
Lease Expense	1	_____
Licenses, Permits & Tolls	1	_____
Meals	1	_____
Miscellaneous	1	_____
Printing, Postage & Office	1	_____
Rent- Equipment	1	_____
Rent- Shop	1	_____
Small Tools & Shop Supplies	1	_____
Telephone & Cellular	1	_____
Travel & Lodging	1	_____
Truck R & M	1	_____
Truck Fuel	1	_____
Vehicle Expense	1	_____
Wages	1	_____
Office in Home	1	_____
Capital Assets- Purchased	1	_____
Capital Assets- Sold	1	_____

Expenses- Claims

Date	Description	GST	Actual Amnt. Received
Total			

NOTE: Show full amount of GST, whether or not the expense is not paid or not fully paid.

Expenses- Lease Expense

Date	Description	GST	Actual Amt. Received
Total			

NOTE: Show full amount of GST, whether or not the expense is not paid or not fully paid.

Office in Home Expenses

Year _____	Electricity	Gas	Water	Other	Description
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Insurance on home _____

Total square footage of home including garage & basement _____

Taxes on home _____

Total square footage used for business _____

Interest on Mortgage _____

Draw the floor plans of your home showing dimensions of areas used for business. Include your garage and basement. Use back of page if necessary.

