

Peterbilt Scenario

Mr Peterbilt is an over the road truck driver and is considered self-employed. He keeps careful records of his expenses but is unsure of what he can actually claim.

James provides the following list of expenses:

| | |
|------------------------------------|----------|
| Steel Toed Safety Boots (2 pairs) | \$329 |
| Leather Gloves | \$89 |
| Jeans and solid white T-shirts | \$360 |
| Cell Phone with GPS (100% work) | \$1,016 |
| Truck Wash | \$248 |
| Tools | \$199 |
| Laptop to watch movies at night | \$714 |
| Commercial Drivers License Renewal | \$89 |
| Annual DOT Physical | \$105 |
| Repairs and Towing | \$4854 |
| Tolls | \$362 |
| Lease for Truck | \$24,611 |
| Diesel fuel | \$47,934 |

Days out 241 (he keeps a log book)

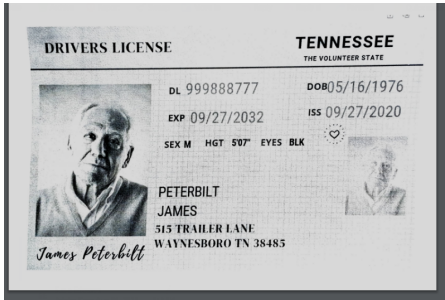
Miles driven 29,671 in the Semi-truck

CORRECTED (if checked)

| | | |
|---|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Long Haul Trucking 99 Loading Rd Lawrencoburg TN, 38464 | | OMB No. 1545-0116 Form 1099-NEC |
|---|--|---|

Nonemployee Compensation

| | | | |
|---|---------------------------------------|---|--|
| PAYER'S TIN 01-21512151 | RECIPIENT'S TIN 911-00-1119 | 1 Nonemployee compensation \$ 146,889 | Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name James Peterbilt | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | |
| Street address (including apt. no.) 515 Traller Ln | | 3 | |
| City or town, state or province, country, and ZIP or foreign postal code Waynesboro TN, 38485 | | 4 Federal income tax withheld \$ | |
| Account number (see instructions) | | 5 State tax withheld \$ 6 State/Payer's state no. | |
| | | 7 State income \$ | |



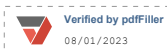
| | | | | | |
|---|--|---|----------------------------|---------------|------------------------|
| Primary Name (as shown on SS Card) James Peterbilt | | Spouse Name (as shown on SS Card) | | | |
| Social Security # 405-00-9999 | Date of Birth (MM/DD/YYYY) 05/16/1976 | Social Security # | Date of Birth (MM/DD/YYYY) | | |
| Can anyone claim you as a dependent? YES or NO Were you married as of Dec 31st? Yes or NO | | If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY) | | | |
| Occupation: truck driver | | Occupation: | | | |
| Email Address: trucker101@yahoo.com | | Email Address: | | | |
| Address IRS can send notices to: 515 Trailer Lane | | City: Waynesboro | State: TN | Zip: 38485 | |
| Phone: Primary 931-722-9000 | | 731-722-9001 | | Phone: Spouse | |
| Dependents: | | | | | |
| Name | DOB | SS# | SS Card (Y or N) | Relationship | Months in Home in 2022 |
| | | | | | |
| | | | | | |
| | | | | | |
| DEPENDENTS | | | | | |
| ***Can anyone else claim your dependent(s) listed above? YES or NO. *** | | | | | |
| Did you, any dependents, or Anyone on your behalf Purchase HEALTH INSURANCE FROM THE MARKETPLACE? YES OR NO ? | | | | | |
| Do you or you spouse owe the IRS or have Student Loan debt? no | | Who owes the debt? | | | |
| <p>Incorrect information will delay your refund. This Jackson Hewitt office will never knowingly assist you in filing a fraudulent return. If you cannot provide all your income or expenses at the this time, you should not file this return. If you file and later find you have additional information you will need to AMEND at a cost of \$100 in additional fees and could possibly owe additional tax to the IRS. Always file any additional information prior to April 15th.</p> | | | | | |

DIRECT DEPOSIT AUTHORIZATION FORM

Name of Financial Institution _____
Routing # _____
Account # _____
Type of Account: Checking/ Prepaid Card/ Savings _____

By signing below you certify that all the information is true, correct, and complete:

James Peterbilt



Primary _____ Date _____

Spouse _____ Date _____

DRIVERS LICENSE INFORMATION

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____