



Sikka & Associates

Taxi Service
Worksheet

Name:	Year
S.S#:	
Page of	

Income	
Expenses:	
Airport Tickets	
Auto Lease	
Car Wash	
Depreciation/Amortization	
Dispatch Fees	
Fuel	
Insurance	
Parking & Tolls	
Professional Fees	
Radio Fees	
Registration	
Repairs & Maintenance	
Taxes & Licenses	
Telephone	
Tickets	
Others (Please list) New Taxi Purchase	

Client's Signature _____	Total
--------------------------	-------

Print Name _____ Date _____

By signing above I verify and affirm that all the tax information on this sheet is correct & accurate. I give my permission to Sikka & Associates: Accounting & Tax Consultants to prepare my tax return on the basis of information provided by me. I understand that if any foregoing information provided to the accountant is incorrect, I will be liable for any or all consequences/penalties.