



ATBS Canada
 Toll free 1-877-878-5829
 Toll free fax 1-877-878-5830
[Email info@truktax.com](mailto:info@truktax.com)
www.trucktax.com

Name: _____

Date: _____

BUSINESS CASHFLOW REQUIREMENTS

Instructions: Please be realistic with the amounts you input in this data sheet.

	Monthly Amount	Annual Amount
MONTHLY TRUCK PAYMENT (with GST)	\$ _____	\$ _____
MONTHLY REPAIRS / MAINTENANCE	\$ _____	\$ _____
MONTHLY STATEMENT DEDUCTIONS		
\$ or per mile Holdback	_____	_____
\$ or per mile Insurance	_____	_____
\$ or per mile Fuel tax	_____	_____
\$ or per mile License	_____	_____
\$ or per mile Other _____	_____	_____
\$ or per mile Other _____	_____	_____
Circle if per mile or dollar value indicated.		
PAID REVENUE PER MILE	_____	_____
Indicate whether gross or net of per mile deductions		
FUEL COST PER MILE (net of fuel surcharge received)	_____	_____

Comments:
Questions:

PERSONAL REQUIREMENTS



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Instructions

Please record your best estimate of what you spend personally for each category:

	Monthly Amount	Annual Amount
RENT/MORTGAGE	_____	_____
PROPERTY TAXES	_____	_____
FOOD for household	_____	_____
FOOD on the road	_____	_____
CLOTHES	_____	_____
UTILITIES (heat, light, water)	_____	_____
PHONE	_____	_____
CELL PHONE	_____	_____
CAR PAYMENT	_____	_____
CAR REPAIRS / FUEL	_____	_____
ENTERTAINMENT/HOBBY	_____	_____
TRAVEL	_____	_____
LOANS / CREDIT CARD PAYMENTS	_____	_____
INSURANCE (i.e. health, disability, car, house)	_____	_____
OTHER (income taxes, child support, etc.)	_____	_____
AMOUNT PAID BY SPOUSE / OTHER	_____	_____