

We must input info from your **Driver's License** or State ID into the tax return. [ID number, State Name, Date Issued, Date Expired.] See last page to list.

TAX YEAR: \_\_\_\_\_

Taxpayer

Spouse

SSN Name:

\_\_\_\_\_

|       |       |      |       |       |      |
|-------|-------|------|-------|-------|------|
| First | M. I. | Last | First | M. I. | Last |
|-------|-------|------|-------|-------|------|

Professional Name:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_

Work/Occupation:

\_\_\_\_\_

E-Mail Address:

\_\_\_\_\_

Phone Numbers: Cell

\_\_\_\_\_

Home/Other

\_\_\_\_\_

Mailing Address:

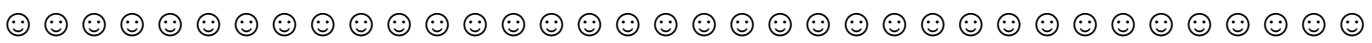
\_\_\_\_\_ → Street or PO Box Number City, State Zip

Do you Rent or Own?  Rent  Own  N/A

Did you have Health Insurance?  Yes  No If so, how many months? \_\_\_\_

Did you have a foreign bank account or trust?  Yes  No

Did you sell or trade any virtual currency?  Yes  No



Dependents:

\_\_\_\_\_

|       |      |      |       |       |      |
|-------|------|------|-------|-------|------|
| First | M.I. | Last | First | M. I. | Last |
|-------|------|------|-------|-------|------|

Date of Birth:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_

*(use another page if needed for more dependents)*

Direct Deposit Info:

\_\_\_\_\_

Routing Number

Account Number

Bank Name:

\_\_\_\_\_

Checking or Savings?

You may need to do separate expense list for each business or a separate sheet for non acting related business expenses.

**Deductible Expenses**

| <b><u>Business Expenses</u></b>                                | <b><u>Total</u></b> | <b><u>Business Expenses (cont.)</u></b>                     | <b><u>Total</u></b>  |
|--|---------------------|---|----------------------|
| Advertising: Business Cards, Postcards                         | _____               | Research: Films Videos Theatre Streaming                    | _____                |
| Advertising: Business Gifts (\$25 per person)                  | _____               | Rent: Business PO Box                                       | _____                |
| Advertising: Casting Services & Websites                       | _____               | Rent: Equipment   | _____                |
| Advertising: Demo Reel Cost & Fees                             | _____               | Rent: Rehearsal Studio/Theatre                              | _____                |
| Advertising: Headshot Photoshoot Resumes                       | _____               | Rent: Storage For Business                                  | _____                |
| Advertising: Publicist   | _____               | Supplies: Books Scripts Music                               | _____                |
| Advertising: Website Hosting Domain                            | _____               | Supplies: Props Set Pieces                                  | _____                |
| Bank Fees: For Business Only                                   | _____               | Supplies: Software  | _____                |
| Bookkeeper Fees  | _____               | Trade Publications  | _____                |
| Business Meals & Meetings (in-town)                            | _____               | Travel: Airfare   | _____                |
| Business Meals (out-of-town/travel)                            | _____               | Travel: Lodging   | _____                |
| Business Transport: (Taxi,Subway,Bus,etc)                      | _____               | Travel: Car Rental Taxi Subway Bus                          | _____                |
| Cable TV: ____% Used for Research                              | _____               | Travel: (Per Diem) City: _____ State:____ Nights: ____      | _____                |
| Cable Internet: ____% For Business                             | _____               | Travel: (Per Diem) City: _____ State:____ Nights: ____      | _____                |
| Commissions: Agent Fees  | _____               | Travel: (Per Diem) City: _____ State:____ Nights: ____      | _____                |
| Commissions: Manager Fees                                      | _____               | <i>(Use another page if necessary)</i>                      | _____                |
| Contract Labor: Personal Assistant                             | _____               | Union Dues: SAG-AFTRA AEA WGA IATSE                         | _____                |
| Contract Labor: Stage Manager Tips                             | _____               | Union Dues: Professional Organizations                      | _____                |
| Contract Labor: Wardrobe/Dresser Tips                          | _____               | Other Expenses (List item & amount below)                   | _____                |
| Equipment: Update Repair Accessories                           | _____               | _____   | _____                |
| Equipment: Type _____ Date _____                               | _____               | _____   | _____                |
| Equipment: Type _____ Date _____                               | _____               | _____   | _____                |
| <i>(Use another page if necessary for Equipment Purchases)</i> | _____               | _____   | _____                |
| Film Festival Fees   | _____               | <b><u>Other Deductible Expenses</u></b>                     | <b><u>Total</u></b>  |
| Film Production Costs <i>(Use another page w/ list)</i>        | _____               | Charitable Donations (Cash or Check)                        | _____                |
| Insurance For Business   | _____               | Charitable Donations (Clothing or Goods)                    | _____                |
| Legal Fees (business related only)                             | _____               | <i>(Please provide receipt of donations)</i>                | _____                |
| License: Business or Professional                              | _____               | Childcare Expenses Paid                                     | _____                |
| License: City of LA  | _____               | <i>(Need Provider Name, Tax Id, Address, Phone)</i>         | _____                |
| Make-up & Hair For Business Use Only                           | _____               | _____   | _____                |
| Office Expense: Batteries Copies Fax                           | _____               | College Tuition & Fees (Form 1098-T)                        | _____                |
| Office Expense: Postage Freight Courier                        | _____               | College Books & Supplies                                    | _____                |
| Office Expense: Printer Toner Ink                              | _____               | Energy Efficient Items Purchased For Home                   | _____                |
| Office Expense: Supplies                                       | _____               | <i>Allowable for Credits: Solar, Heating, Cooling, etc.</i> | <i>Bring Receipt</i> |
| Parking & Tolls  | _____               | Health Insurance Payments (Form 1095-A)                     | _____                |
| Performance Costumes or Uniforms                               | _____               | Medical: Co-Pays,Dental,Vision,Prescriptions                | _____                |
| <i>(Not Clothes that can be worn on the street)</i>            | _____               | Investment Fees (Retirement Acct Fee)                       | _____                |
| Passport Fees  | _____               | Mortgage Interest (Form 1098)                               | _____                |
| Phone: Cell ____% For Business                                 | _____               | Real Estate Taxes   | _____                |
| Phone: Cost & Accessories / Fax Line                           | _____               | Student Loan Interest (Form 1098-E)                         | _____                |
| Publicity Appearance: Fees & Services                          | _____               | Sales Tax On A Vehicle Purchase                             | _____                |
| Professional Development                                       | _____               | <i>(Please supply copy of Sale Contract)</i>                | _____                |
| <i>(Classes Workshops Seminars Self-tape Fees)</i>             | _____               |   |                      |

# “ENTERTAINING TAXES”

# TAX ORGANIZER

| <u>Other Deductible Expenses (cont.)</u>                               | <u>Total</u>        | <u>Special Information</u>                                 | <u>Total</u>        |
|--|---------------------|--|---------------------|
| State Taxes Paid<br><i>(Did you owe money to the state last year?)</i> | _____               | Adoption Expenses  | _____               |
| Tax Preparation Fees   | _____               | Alimony Paid   | _____               |
| <b><u>Auto Expenses</u></b>  | <b><u>Total</u></b> | Alimony Received   | _____               |
| <b><i>(First Vehicle)</i></b>  |                     | Other Schedule C Income: Taxpayer (Cash)                   | _____               |
| Year of the Vehicle  | _____               | Other Schedule C Income: Spouse (Cash)                     | _____               |
| Make & Model   | _____               | <i>(Not listed on 1099-Nec/Misc for Schedule C Income)</i> |                     |
| Date of Purchase   | _____               | Retirement Plan Contributions: Taxpayer                    | _____               |
| Odometer Reading First of Year   | _____               | Retirement Plan Contributions: Spouse                      | _____               |
| Odometer Reading End of Year   | _____               | IRA or Roth?   | _____               |
| Total Miles Driven   | _____               | <b><u>Estimated Tax Payments</u></b>                       |                     |
| Business Miles Driven  | _____               | <u>Date Paid</u> <u>Federal</u> <u>State</u>               |                     |
| Charitable Miles Driven  | _____               | 1st Quarter  | _____               |
| Medical Miles Driven   | _____               | 2nd Quarter  | _____               |
| <i>Must have mileage log to claim expenses below.</i>                  |                     | 3rd Quarter  | _____               |
| Car Insurance  | _____               | 4th Quarter  | _____               |
| DMV Registration Fee   | _____               | Ext Payment:   | _____               |
| Gas  | _____               | <b><u>Home Office Expenses</u></b>                         | <b><u>Total</u></b> |
| Purchase Price   | _____               | Total Square Feet of Business Office                       | _____               |
| Repairs & Oil Changes & Auto Club Fee                                  | _____               | Total Square Feet of Residence                             | _____               |
| <b><i>(Second Vehicle)</i></b>   |                     | Renter's Insurance   | _____               |
| Year of the Vehicle  | _____               | Total Rent Paid for the Year                               | _____               |
| Make & Model   | _____               | Repairs  | _____               |
| Date of Purchase   | _____               | Utilities (Gas and Electric Only)                          | _____               |
| Odometer Reading First of Year   | _____               | Other:   | _____               |
| Odometer Reading End of Year   | _____               |  |                     |
| Total Miles Driven   | _____               | <b><u>Drivers License Info</u></b>                         |                     |
| Business Miles Driven  | _____               | <u>Taxpayer</u>  | <u>Info</u>         |
| Charitable Miles Driven  | _____               | Name of State  | _____               |
| Medical Miles Driven   | _____               | ID Number  | _____               |
| <i>Must have mileage log to claim expenses below.</i>                  |                     | Issued Date  | _____               |
| Car Insurance  | _____               | Expiration Date  | _____               |
| DMV Registration Fee   | _____               | <u>Spouse</u>  | <u>Info</u>         |
| Gas  | _____               | Name of State  | _____               |
| Purchase Price   | _____               | ID Number  | _____               |
| Repairs & Oil Changes & Auto Club Fee                                  | _____               | Issued Date  | _____               |
|  |                     | Expiration Date  | _____               |

Any other questions or possible deductions:

**THANK YOU** for taking the time to complete the above information. Although only the totals are needed, you are responsible to keep documentary evidence, such as receipts, cancelled checks or bills to support your expenses. (It is suggested that records be kept for five years or more from the date your tax return was filed.)