

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? \_\_\_\_\_

*[It must be acceptable under ACA (Affordable Healthcare Act) for you and your dependents.]*

Do you have a foreign bank account or trust?

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?

**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	_____
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	_____
Entertainment for Business	_____	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 DGA 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	_____
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	_____	DMV Registration Fee (VLF Amount)	_____
Office Expense: Supplies	_____	Energy Efficient Items Purchased For Home	_____
Parking & Tolls	_____	<i>Energy Star Products: Windows, Heating, Cooling, etc. Bring Receipt</i>	_____
Performance Costumes or Uniforms	_____	Health Insurance (Form 1095 - A,B,C)	_____
<i>(Not Clothes that can be worn on the street)</i>	_____	Medical: Co-Pays,Dental,Vision,Prescriptions	_____
Passport Fees	_____	Investment Fees (Retirement Acct Fee)	_____
Phone: Cell ____% For Business	_____	Mortgage Interest (Form 1098)	_____
Phone: Cost & Accessories / Fax Line	_____	Real Estate Taxes	_____
Publicity Appearance: Fees & Services	_____	Student Loan Interest (Form 1098-E)	_____
Professional Development	_____	Sales Tax On A Vehicle Purchase	_____
<i>(Classes Workshops Seminars)</i>	_____	<i>(Please supply copy of Sale Contract)</i>	_____

# "ENTERTAINING TAXES"

# TAX ORGANIZER

<b><u>Other Deductible Expenses (cont.)</u></b>	<b><u>Total</u></b>	<b><u>Special Information</u></b>	<b><u>Total</u></b>
State Taxes Paid <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><u>(First Vehicle)</u></b>		Other Schedule C Income: Taxpayer	_____
Year of the Vehicle	_____	Other Schedule C Income: Spouse <i>(Not listed on 1099-Misc for Schedule C Income)</i>	_____
Make & Model	_____	Retirement Plan Contributions: Taxpayer	_____
Date of Purchase	_____	Retirement Plan Contributions: Spouse	_____
Odometer Reading First of Year	_____	IRA or Roth?	_____
Odometer Reading End of Year	_____		
Total Miles Driven	_____	<b><u>Estimated Tax Payments</u></b>	
Business Miles Driven	_____	Date Paid      Federal      State	
Charitable Miles Driven	_____	1st Quarter	_____
Medical Miles Driven	_____	2nd Quarter	_____
<i>Must have mileage log to claim expenses below.</i>		3rd Quarter	_____
Auto Club Membership Fee	_____	4th Quarter	_____
Car Insurance	_____		
Gas	_____	<b><u>Home Office Expenses</u></b>	<b><u>Total</u></b>
Purchase Price	_____	Total Square Feet of Business Office	_____
Repairs & Oil Changes	_____	Total Square Feet of Residence	_____
<b><u>(Second Vehicle)</u></b>		Total Rent Paid for the Year	_____
Year of the Vehicle	_____	Renter's Insurance	_____
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>Moving Expenses</u></b>	<b><u>Total</u></b>
Business Miles Driven	_____	<i>(Must move more than 50 miles to qualify)</i>	
Charitable Miles Driven	_____	Date of Move (Month Day Year)	_____
Medical Miles Driven	_____	Miles From Old Residence to New Workplace	_____
<i>Must have mileage log to claim expenses below.</i>		Miles From Old Residence to Old Workplace	_____
Auto Club Membership Fee	_____	Airfare	_____
Car Insurance	_____	Lodging	_____
Gas	_____	Moving/Rental Truck Fees & Gas	_____
Purchase Price	_____	Packing Supplies	_____
Repairs & Oil Changes	_____	Storage Costs	_____

Any other questions or possible deductions:

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**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 from the date your tax return is filed.)