

Stimulus Payments
1st Amount: _____
2nd Amount: _____

TAX YEAR: _____

Taxpayer

Spouse

SSN Name:

First

M. I.

Last

First

M. I.

Last

Professional Name: _____

Date of Birth: _____

Social Security Number: _____

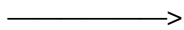
Work/Occupation: _____

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 have 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

<u>Business Expenses</u>	<u>Total</u>	<u>Business Expenses (cont.)</u>	<u>Total</u>
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 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	_____	<u>Other Deductible Expenses</u>	<u>Total</u>
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)</i>	_____		

“ENTERTAINING TAXES”

TAX ORGANIZER

<u>Other Deductible Expenses (cont.)</u>	<u>Total</u>	<u>Special Information</u>	<u>Total</u>
State Taxes Paid <i>(Did you owe money to the state last year?)</i>	_____	Adoption Expenses	_____
Tax Preparation Fees	_____	Alimony Paid	_____
<u>Auto Expenses</u>	<u>Total</u>	Alimony Received	_____
<i>(First Vehicle)</i>		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	_____	<u>Estimated Tax Payments</u>	
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	_____		
Gas	_____	<u>Home Office Expenses</u>	<u>Total</u>
Purchase Price	_____	Total Square Feet of Business Office	_____
Repairs & Oil Changes & Auto Club Fee	_____	Total Square Feet of Residence	_____
<i>(Second Vehicle)</i>		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	_____	<u>Drivers License Info</u>	
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.)