ARTISTS TAXES

by

EMPIRE TAX PREP

www.empiretaxprep.com

*This handout contains portions from the complete tax packet. The compete tax packet may be downloaded at www.empiretaxprep.com

FREQUENTLY ASKED QUESTIONS...

What are "average" expenses?

There are no averages. People who have new headshots done frequently will have much higher photography expenses than someone who hasn't changed their headshot in years. Some people make a habit of entertaining their agents and managers whereas others would never dream of doing that. You must be able to prove every expense that you have used as a deduction if you were to be audited. But by all means, if you have the expense I want you to take the deduction. If you don't have the receipt (or other proof,) I may be able to help you find a way to prove the expense.

What are legitimate deductions?

Essentially any expense you make specifically for and because of your career can be written off. BUT, if an expense can be considered personal as well, you may have trouble with the deduction.

How can I prove my deductions?

The IRS says, "You generally must have documentary evidence, such as receipts, canceled checks, or bills, to support your expenses." The IRS also says, "You cannot deduct amounts that you approximate or estimate." Just get into the habit of keeping ALL of your receipts and tax records and then storing them in a safe place. If there might be any question as to a deduction, just keep the receipt.

Write down your appointments, meetings, classes and auditions for public transportation/mileage purposes and written documentation. If you take any trip for business, write it down in a standard place and don't lose it. With Google Maps you no longer have to keep track of every mile but you must keep a written log of your trips and appointments. Those records also validate your expenses.

Be sure to keep all of your payroll records and store them together for easy access. If you receive numerous checks from a single employer, store them in chronological order. Regularly (every few months) compare your check stubs against the year to date totals to make sure you have received all of your earnings, especially with residuals. In other words, if you get a new check for \$500, the amount of the "Year To Date" total should increase \$500 from the "YTD" on the previous pay stub. If it has increased by more than that amount, you are missing a check.

Keep everything together, perhaps in something as simple as a cardboard box, or if you want to get fancy, an accordion file or file cabinet. But get into the habit of keeping all your records!

Department of the Treasury

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ► Give Form W-4 to your employer.

OMB No. 1545-0074

► Your withholding is subject to review by the IRS. Internal Revenue Service (a) First name and middle initial Last name (b) Social security number Step 1: **Enter** Address ▶ Does your name match the Personal name on your social security card? If not, to ensure you get Information City or town, state, and ZIP code credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov. Single or Married filing separately Married filing jointly (or Qualifying widow(er)) Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy. Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Multiple Jobs or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator. Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.) Step 3: If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ **Dependents** Multiply the number of other dependents by \$500 ▶ \$ Add the amounts above and enter the total here \$ 3 Step 4 (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may (optional): include interest, dividends, and retirement income 4(a) |\$ Other **Adjustments** (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) |\$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) |\$ Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here Employee's signature (This form is not valid unless you sign it.) **Date** Employer's name and address First date of **Employer identification Employers** employment number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Only

Cat. No. 10220Q

Form **W-4** (2020)

104 0	Depa U.	artment of the Treasury—Internal Revenue So	ervice ax	Ret	(99) urn	20	19 OMB No. 1545	i-0074 IRS Use Onl	y—Do not	write c	r staple in t	his space.
Filing Status Check only one box.	If you	Single			•	oarately (MF) u checked t	· —	· · · —	alifying w the qual	•	, , ,	
Your first name	and m	iddle initial	l	ast na	ame				Your	ocial	security r	number
If joint return, s	pouse's	s first name and middle initial	L	_ast na	ame				Spous	e's so	cial secur	ity number
Home address	(numbe	er and street). If you have a P.O. box, s	see in	struct	ions.			Apt. no.	Check h	ere if yo		pouse if filing
City, town or po	ost offic	ce, state, and ZIP code. If you have a fo	oreig	n add	ess, als	o complete	spaces below (see instru	ctions).		a box l	to go to this below will no You	tund. t change your Spouse
Foreign country	y name				Foreign	province/st	ate/county	Foreign postal code			four deper	· -
Standard Deduction		eone can claim: You as a depen		_		•	a dependent					
Age/Blindness	You:	Were born before January 2, 19	55		re blind	Spous	e: Was born before	e January 2, 1955	☐ Is b	lind		
Dependents (: (1) First name	see ins	structions): Last name		(2)	Social se	curity number	(3) Relationship to you	Child tax c	•	,	instructions dit for other	1
-			()	\\\ \ \		<u> </u>				. —	ш	
	1 2a	Wages, salaries, tips, etc. Attach For	rm(s) 2a				b Taxable interest. <i>A</i>			l b		
	2a 3a	Tax-exempt interest	38				b Ordinary dividends.	•		b		
Standard Deduction for—	4a	IRA distributions	48				b Taxable amount	Attaon oon. Dir requi		b		
Single or Married	c	Pensions and annuities	40				d Taxable amount			d		
filing separately, \$12,200	5a	Social security benefits	58				b Taxable amount		. 5	b		
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedu	le D	if requ	ired. If r	ot required	check here			6		
widow(er),	7a	Other income from Schedule 1, line 9	9 .						. 7	а		

\$24,400

• If you checked

Deduction,

any box under Standard

see instructions.

 Head of household, \$18,350 b

8a

b

9

10

11a

Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income**

Adjustments to income from Schedule 1, line 22

Standard deduction or itemized deductions (from Schedule A) .

Qualified business income deduction. Attach Form 8995 or Form 8995-A .

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

Subtract line 8a from line 7b. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

7b

8a 8b

11a

11b

9

10

Cat. No. 11320B

Form 1040 (2019	9)									Page 2
	12a	Tax (see i	nst.) Check if any from F	orm(s): 1 8814	4972 2	3 🗌	12a			
	b	Add Sche	dule 2, line 3, and line	12a and enter the	total				▶ 12b	
	13a	Child tax	credit or credit for othe	er dependents .			13a			
	b	Add Sche	dule 3, line 7, and line	13a and enter the	total				▶ 13b	
	14	Subtract I	ine 13b from line 12b.	If zero or less, ente	er -0				. 14	
	15	Other tax	es, including self-empl	oyment tax, from S	Schedule 2, line	10			. 15	
	16	Add lines	14 and 15. This is you	r total tax					▶ 16	
	17	Federal in	come tax withheld from	m Forms W-2 and	1099				. 17	
If you have a	18	Other pay	ments and refundable	credits:						
qualifying child,	а	Earned in	come credit (EIC) .				18a			
attach Sch. EIC. If you have	b	Additiona	I child tax credit. Attac	h Schedule 8812			18b			
nontaxable	С	American	opportunity credit from	n Form 8863, line 8	3		18c			
combat pay, see instructions.	d	Schedule	3, line 14				18d			
	е	Add lines	18a through 18d. Thes	se are your total ot	ther payments a	and refundable cred	dits		▶ 18e	
	19	Add lines	17 and 18e. These are	your total payme	nts				▶ 19	
Refund	20	If line 19 i	s more than line 16, su	btract line 16 from	line 19. This is t	the amount you over	paid		. 20	
riciana	21a	Amount o	f line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check here .		•	21a	
Direct deposit?	►b	Routing n	umber			▶ c Type:	Checking	Savin	gs	
See instructions.	►d	Account r	number							
	22	Amount o	f line 20 you want app	lied to your 2020	estimated tax	•	22			
Amount	23	Amount y	ou owe. Subtract line	19 from line 16. Fo	or details on hov	v to pay, see instruct	ions		▶ 23	
You Owe	24	Estimated	l tax penalty (see instru	ictions)		🕨	24			
Third Party Designee	Do	you want to	o allow another person	(other than your p	aid preparer) to	discuss this return w	vith the IRS?	See instructi	=	Yes. Complete below.
(Other than		signee's			Phone			Personal ide	ntification	
paid preparer)	nar	ne 🕨			no. ►			number (PIN) ▶	шшш
Sign			of perjury, I declare that I plete. Declaration of preparation						f my knowled	ge and belief, they are true,
Here					Date	Your occupation	oparor nao any	,	If the IDS co	ent you an Identity
	, 10	ur signature	5		Date	Tour occupation				PIN, enter it here
Joint return?									(see inst.)	
See instructions.	Sp	ouse's sign	ature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.	•								(see inst.)	ection PIN, enter it here
	Dh	one no.			Email address				(000 11.01.)	
-		eparer's nar	me	Preparer's signat	l .		Date	PTII	N	Check if:
Paid			-					' ' ''		3rd Party Designee
Preparer	Eir	m's name I					Phone no.			Self-employed
Use Only		m's name i					FIIOHE IIO.		Firm's EIN 1	
Go to www.ire.or			structions and the late	et information					I IIII S LIIV I	Form 1040 (2019)
GO TO WWW.IIS.go	OV/I OIII	11040 101 11	situotions and the late	or information.						roilli 10-10 (2019)

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service

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21

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► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR Your social security number At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any ☐ Yes ☐ No Part I **Additional Income** 2a 2a Date of original divorce or separation agreement (see instructions) ▶ 3 3 4 4 5 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 7 7 Other income. List type and amount ▶ 8 -----8 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a 9 9 Part II **Adjustments to Income** 10 Educator expenses 10 11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 12 12 13 13 Moving expenses for members of the Armed Forces. Attach Form 3903 Deductible part of self-employment tax. Attach Schedule SE 14 14 15 15 16 16 17 17 18a 18a Date of original divorce or separation agreement (see instructions) 19 19

For Paperwork Reduction Act Notice, see your tax return instructions.

Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 2019

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SCHEDULE A (Form 1040 or 1040-SR)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on Form 1040 or 1040-SR

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information. ► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

Attachment Sequence No. 07 Your social security number

Caution: Do not include expenses reimbursed or paid by others. Medical 1 and 1 Medical and dental expenses (see instructions) **Dental** 2 Enter amount from Form 1040 or 1040-SR, line 8b 2 **Expenses 3** Multiply line 2 by 7.5% (0.075) 3 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. . **Taxes You** 5 State and local taxes. Paid a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, 5a **b** State and local real estate taxes (see instructions) 5b c State and local personal property taxes 5c 5d e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 6 Other taxes. List type and amount ▶ _____ 7 8 Home mortgage interest and points. If you didn't use all of your home Interest You Paid mortgage loan(s) to buy, build, or improve your home, see Caution: Your mortgage interest a Home mortgage interest and points reported to you on Form 1098. deduction may be limited (see See instructions if limited 8a instructions). b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., -----8b c Points not reported to you on Form 1098. See instructions for special 8с **d** Mortgage insurance premiums (see instructions) 8d 8e 9 Investment interest. Attach Form 4952 if required. See instructions . 9 **10** Add lines 8e and 9 10 Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, see Charity 11 Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You **must** attach Form 8283 if over \$500. . . . 12 got a benefit for it. see instructions. 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified Casualty and 15 Theft Losses disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 **16** Other—from list in instructions. List type and amount ▶ Other Itemized **Deductions** 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 17 Itemized **Deductions** 18 If you elect to itemize deductions even though they are less than your standard deduction,

SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury

► Go to www.irs.gov/ScheduleC for instructions and the latest information. Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065. Sequence No. 09

ivallie C	n proprietor				3	ocial	occui!	cy mai	iibei (33	٧)	
A	Principal business or profession	on, including product or service	(see instr	uctions)	В	Ente	r code	from	instructio	ns	٦
					L		▶				
С	Business name. If no separate	e business name, leave blank.			D	Emp	loyer I	D num	ber (EIN) (see instr.)	
E	Business address (including s	suite or room no.) ►					:				
	City, town or post office, state										
F		Cash (2) Accrual	(3)	Other (specify) ►							
G				2019? If "No," see instructions for	 limit	t on l	osses		☐ Yes	N	0
н											
ı				n(s) 1099? (see instructions)					Yes	□ N	o
J									Yes	_ N	0
Par											
1				f this income was reported to you o		1					
2					.	2					
3					. [3					
4	Cost of goods sold (from line	42)			. [4					
5					.	5					_
6	-			refund (see instructions)		6					_
7	_	_		<u> </u>		7					
Part	Expenses. Enter expe	enses for business use of	your hon	ne only on line 30.			•				_
8	Advertising	8	18	Office expense (see instructions)		18					
9	Car and truck expenses (see		19	Pension and profit-sharing plans	. [19					
	instructions)	9	20	Rent or lease (see instructions):							
10	Commissions and fees .	10	а	Vehicles, machinery, and equipmer	ıt	20a					
11	Contract labor (see instructions)	11	b	Other business property	. [20b					
12	Depletion	12	21	Repairs and maintenance	. [21					
13	Depreciation and section 179		22	Supplies (not included in Part III)	. [22					
	expense deduction (not included in Part III) (see		23	Taxes and licenses	. [23					
	instructions)	13	24	Travel and meals:							
14	Employee benefit programs		а	Travel	. [24a					
	(other than on line 19)	14	b	Deductible meals (see							
15	Insurance (other than health)	15		instructions)	. [24b					
16	Interest (see instructions):		25	Utilities	. [25					
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	. [26					
b	Other	16b	27a	Other expenses (from line 48) .		27a					_
17	Legal and professional services	17	b	Reserved for future use		27b					
28	•			8 through 27a	٠	28					
29	Tentative profit or (loss). Subt	ract line 28 from line 7				29					
30	Expenses for business use of	of your home. Do not report the	nese expe	nses elsewhere. Attach Form 882	9						
	unless using the simplified me										
	Simplified method filers only	y: enter the total square footage	e of: (a) yo		_						
	and (b) the part of your home			Use the Simplified							
		ructions to figure the amount to	enter on	line 30	.	30					
31	Net profit or (loss). Subtract	t line 30 from line 29.									
	 If a profit, enter on both S 	Schedule 1 (Form 1040 or 104	0-SR), lin	e 3 (or Form 1040-NR, line							
	,	e 2. (If you checked the box or	n line 1, se	ee instructions). Estates and	L	31					
	trusts, enter on Form 1041, li										
	 If a loss, you must go to lir 			J							
32	If you have a loss, check the b	box that describes your investm	nent in this	activity (see instructions).							
	•	the loss on both Schedule 1	•	,, ,		20-	_ ^	II :	obs!	a ak .!-!	ء ا
	·	on Schedule SE, line 2. (If you		the box on line 1, see the line		32a	_ ^		estment i investme		
	· ·	rusts, enter on Form 1041, line		J		32b		t risk.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
	 IT VOLL Chacked 32h Voll mi 	u et attach Form 6108 . Vour los	e may ha	umited '							

RentDid you pay rent for your home? Y N How much (total) for the year?

Adjustments to Income

	Primary	Spouse
HEALTH INSURANCE PREMIUMS, Self-paid (what you paid for coverage)		
EDUCATOR/TEACHER EXPENSES (full time teachers only)		
HEALTH SAVINGS ACCOUNT CONTRIBUTIONS		
RETIREMENT PLAN CONTRIBUTIONS (please circle) Roth IRA Sep/SIMPLE/Traditional IRA		
STUDENT LOAN INTEREST Y N (if YES you must bring 1098-E)		
TUITION Y N (if YES you must bring 1098-T)		
ALIMONY PAID RECEIVED Ex-Spouses Soc. Sec #		
vegr of divorce agreement		

Schedule A Deductions If you are filing jointly, please combine these expenses.

A-1	MEDICAL EXPENSES not reimbursed by insurance (medical, dental, eye glasses, eye exams, therapists, medicae part B, medical policy payments, RX, ambulance, parking, etc.)	
	MUST be medically necessary. DO NOT INCLUDE HEALTH INSURANCE PREMIUMS HERE – SEE ABOVE	
A-5	SALES TAX on any major purchases (generally over \$1000)	
A-6	REAL ESTATE TAXES	
A-7	DMV REGISTRATION see your Vehicle Registration renewal notice	
A-10	HOME MORTGAGE INTEREST	
A-13	PRIVATE MORTGAGE INSURANCE	
A-16	CHARITABLE CONTRIBUTIONS: MONEY must be able to validate ANY amounts with bank receipts. Please list organizations and amounts on a separate sheet or blank area on this packet.	
A-17	CHARITABLE CONTRIBUTIONS: GOODS (furniture, clothing, etc.) If amount exceeds \$500 please provide organization name, address and donation date.	
A-22	TAX PREP FEES to prepare taxes LAST YEAR Please do not ask us to look this up for you.	
A-23	INVESTMENT EXPENSES & CERTAIN LEGAL FEES for business purposes only	
A-28	MISC DEDUCTIONS (gambling losses, only to the extent of gambling winnings, etc.)	

NEW – Did you sell, receive, send or exchange any **VIRTUAL CURRENCY IN 2019**? If yes, you will need to provide us with the gross proceeds, cost basis and holding periods. z z

WARNING: Are you sure you have received all of your tax forms?

Make sure you have ALL of your forms BEFORE you request an appointment.

If you moved, be sure your *employers* have the new address - *not just the unions*. Compare your check stubs against the W-2's and 1099's. You may find that you are missing a form or that the amounts are wrong. Always check against your pay stubs!

 $\label{eq:perconstruction} \textbf{PERFORMER} \quad \textbf{EXPENSES}$ If you produced a film/play, please use the INDEPENDENT/SELF-EMPLOYED worksheet on page 11.

	Primary Spouse	ise Leave Empty
C-8	ADVERTISING & PUBLICITY Photos, Resumes, Postcards, Video Reel, Voice Over Reel, Demo, Website, etc.	
	GIFTS FOR BUSINESS Limited to \$25 Per Person Year	
C-10	AGENTS' COMMISSION & MANAGERS' FEES	
	CASTING REGISTRIES Actor's Access, CastingAbout, IMDB etc. or Theater Company Dues	\dashv
C-18	OFFICE SUPPLIES Stationary, Postage, Ink, etc.	
C-20B	STUDIO RENTAL / BUSINESS PROPERTY RENTAL	_
C-21	MAINTENANCE OF PROFESSIONAL COSTUMES not general street wear	
	REPAIRS AND MAINTENANCE OF EQUIPMENT	
C-22	PURCHASE OF PROFESSIONAL COSTUMES Nurse, Police, Clown, etc.	
	MAKE-UP, HAIR CARE & NAILS -Tied to work only, not general street use Professional Performance Supplies, Photo Sessions, Specific Job Requirementsi.e., Hand Model, there is no "maintenance expense" or everyday usage allowed	
	SUPPLIES FOR RESEARCH Props, Sheet Music, Books, Tapes, Scripts, etc.	
C-25	CALLING SERVICE for Background Actors	
C-27	COACHING/LESSONS Acting and Dance Classes, Casting Dir. Workshops, etc.	
	TRADE PUBLICATIONS Backstage, Hollywood Reporter, Variety, etc.	
	AUDITION EXPENSE & ACCOMPANIST Audition costs, Sides, etc.	
	OTHER EXPENSES	
NO C	UNION DUES & INITIATION FEES (include 2% AEA dues)	
	OTHER	
	please SUB TOTAL	
C-25	HOME TELEPHONE/FAX Business Calls Only, Call Waiting	_
	CELL PHONE - Please list the TOTAL expense for each person to the RIGHT business % primary business % spouse	
	INTERNET – Please list the TOTAL expense for each person to the RIGHT business % primary business % spouse	
C-27	RESEARCH / VIEWING Expenses - Theater, Movies, Netflix, Hulu, Amazon Prime, Film Societies - for educational purposes only, must be documented business % primary business % spouse	
	CABLE SATELLITE,TIVO - for educational purposes only, must be documented business % primary business % spouse	

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7

TOTAL

6

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EQUIPMENT

Major purchases only, please don't list anything costing less than \$200.

For lesser amounts please include under "sunplies" on page 7 or 11

EM DESCRIPTION	PURCHASE DATE	COST x %	x % BUSINESS USE	NET WRITE OFF	Primary or Spouse?
		×			
		×			
		Х			
		×			
		х			

TOTAL

SUBWAY, BUS, UBER, LYFT, CAB, PARKING for BUSINESS (NOT COMMUTING - see definitions below)

If the trip involved overnight travel do not include it here – see next page. PUBLIC TRANSPORTATION Spouse

YEAR, MAKE, MODEL

Car Car 2

MILES FOR MEDICAL PURPOSES to and from doctor, treatments, etc.
MILES FOR CHARITABLE PURPOSES to and from volunteer work COMMUTING MILES driving to work and back when you ARE getting paid BUSINESS MILES interviews, agents, job search, when you are NOT getting paid TOTAL MILES DRIVEN for the full calendar year DATE VEHICLE PLACED IN SERVICE the day you started using it for your business

ACTUAL EXPENSES	
OLINE, OIL, REPAIRS, INSURANCE, ETC.	
IICLE RENTAL	
CE OF CAR if purchased / leased within last five years	
'E OF PURCHASE / LEASE	
SE PAYMENTS not auto purchase payments	
TAL DOWNPAYMENT ON LEASE Year Leased	

CAR
GASC
VEHIC
PRICI
DATE
LEAS

Did you purchase or lease a new car last year? × (If yes, please bring in the sales agreement.)

CAR MILEAGE (if you use PUBLIC TRANSPORTATION the concepts are the same, but you will track the NUMBER AND COST of your trips for each category instead of mileage)

- 1) TOTAL Sum total of all miles the car was driven.
- 2) BUSINESS - Miles you drove specifically for business (looking for work).

 Any miles you drive for business related reasons when you are NOT getting paid such as auditions, photography sessions, rehearsals, classes, movies, printers, entertaining agents, buying scripts, etc. . Include both directions.
- COMMUTING Miles you drove while traveling to and from paid work.

 Commuting is defined by the IRS as mileage to and from your place of employment (Driving to and from work when you ARE getting paid.
- PERSONAL Your total miles minus your business and commuting miles

4

OUT OF TOWN INTERVIEW AND JOB EXPENSES

(only travel that required an overnight stay)

Please group separately for primary and spouse - or fill out a separate copy of this page for spouse).

Trip	P/S	Employer and Purpose	T 1	Dates	How many days for Business	T	Destination (city/state)		TOTAL TRAV	VEL Expenses
1									Do not incl	ude meals.
2									\$	
3										
4									TOTAL ME	AL Expenses
5									\$	
6									Please transfe	r this amount
7									to the ne	ext page.
8									_	
Exne	nses								L	
-//		Tri	p 1	2	3	4	5	6	7	8
TRA	VEL ai	ir, train, bus								
LOD	GING	hotel								
LOC.	AL TR	ANSPORTATION								
	cal	b, bus, car service etc.								
	ca	r rental plus gas and repairs								
INTE	RNET	/TELEPHONE								
PARI	KING									
TIPS	AND	LAUNDRY don't forget dresser tips								
		Tota	ls							
Meals	ŝ									
ACT	UAL E	EXPENSES								
STA	NDAR	D ALLOWANCE								
PER	DIEM	RECEIVED								

ENTERTAINMENT FOR BUSINESS (in- town events, business lunches, dinners, etc.)

You must keep the following information to substantiate your expenses. This information should be kept in your expenses log or diary accompanied by proper records or receipts with the information written on the back.

You must keep the following information for every event. If there is not enough room below, just enter the totals.

Please group separately for primary and spouse.

							P/S	
							NAME (person entertained)	
							DATE	
							BUSINESS PURPOSE	
							LOCATION	
							s	

TOTAL

OUT OF TOWN MEAL EXPENSES (from previous page)

TOTAL MEAL EXPENSES

OFFICE IN THE HOME

If you have a space in your home that is used solely for business, please enter the information here.

Total square footage of your residence	
Total square footage of the office space	
Total rent paid for the year	
Total of all utilities paid for the year	
Other expenses specific to this office	

INDEPENDENT or SELF-EMPLOYED BUSINESS

If you have multiple types of business (design, tutoring, film or play production, etc.), please use a separate column for each.

Business 2

Business 3

Type of business Business 1_

INCOME			
	Business 1	Business 1 Business 2 Business 3	Business 3
INCOME RECEIVED - UNREPORTED			
cash, check, Paypal, Venmo, etc - anything not reported on a 1099 or W2.			
INCOME RECEIVED - REPORTED ON 1099			
EXPENSES			

C-8 Advertising C-9 Car & Truck Expenses (Gas, Insurance, Repairs) C-10 Total Miles Business Miles for this specific business Edition C-11 Commissions & Fees C-12 Commissions & Fees C-13 Equipment for Depreciation please fill in the chart on page 8 C-15 Insurance C-16 Office Expense supplies on Lease C-17 Legal & Professional Services C-18 Equipment Lease C-20b Property Rent or Lease C-21 Repairs & Maintenance C-21 Repairs & Maintenance C-22 Supplies non-consumable - stapler, keyboard, etc. C-23 Travel (Out of Town / Overnight) C-24 Meals & Entertainment C-25 Wages Paid to Others (W2 income you paid to others) C-27 Landline/Fax line C-27 Internet other			Business 1	Business 2	Business 3
	-8	Advertising			
	∑-9	Car & Truck Expenses (Gas, Insurance, Repairs)			
		Total Miles			
		Business Miles for this specific business			
	C-10	Commissions & Fees			
	2-11	Contract Labor (cash/1099 you paid to others)			
	C-13	Equipment for Depreciation please fill in the chart on page 8			
	C-15	Insurance			
	C-17	Legal & Professional Services			
	C-18	Office Expense supplies - stationary, postage, ink, etc.			
	C-20a	Equipment Lease			
	∵-20b	Property Rent or Lease			
	∵-21	Repairs & Maintenance			
	C-22	Supplies non-consumable - stapler, keyboard, etc.			
	ℂ-23	Tax & Licenses			
	ℂ-23	Travel (Out of Town / Overnight)			
	∑-24a	Meals & Entertainment			
	∵-25	Utilities			
	∵-26	Wages Paid to Others (W2 income you paid to others)			
	ℂ-27	Landline/Fax line			
	∵-27	Cell Phone			
other	∁-27	Internet			
	other				

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