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TAX YEAR

Intake Date _____ ATP Staff _____ QPA? _____

Dear Client, in preparation for your tax appointment, we are asking you to **please take time to fill in these few pages** to the best of your ability. This will expedite completion of your return.
ActorsTaxPrep, Inc. does not divulge any personal or financial data belonging to our clients except in those cases where required by law, IRS regulation or at the explicit written direction of our clients.

TAXPAYER INFORMATION

SOCIAL SECURITY NAME	LAST	FIRST	MIDDLE
PROFESSIONAL NAME IF DIFFERENT			
SOCIAL SECURITY #:	Date of Birth:		
Occupation / Profession:			
Email:			
Cell Number:	Home Phone:		

SPOUSE SOCIAL SECURITY NAME	LAST	FIRST	MIDDLE
SPOUSE PROFESSIONAL NAME IF DIFFERENT			
SPOUSE SOCIAL SECURITY #:	Date of Birth:		
SPOUSE Occupation / Profession:			
SPOUSE Email:			
SPOUSE Cell Number:			

HOME ADDRESS - STREET	
HOME ADDRESS - CITY, STATE, ZIP	

On December 31, you were	SINGLE	SEPARATED	WIDOW/ED
	MARRIED	DIVORCED	RDP

DEPENDENTS

SOCIAL SECURITY NAME	LAST	FIRST	MIDDLE	Date of Birth	Months in home
DEPENDENT SOCIAL SECURITY #:					
OVER 18 AND a student?	YES	NO	Dependent has income to declare on your return? YES NO		
SOCIAL SECURITY NAME	LAST	FIRST	MIDDLE	Date of Birth	Months in home
DEPENDENT SOCIAL SECURITY #:					
OVER 18 AND a student?	YES	NO	Dependent has income to declare on your return? YES NO		

USE ADDITIONAL SHEET IF NECESSARY TO LIST ADDITIONAL DEPENDENTS

REFUND DIRECT DEPOSIT

Banking Routing Number			
Account Number			
Type:	Checking	Savings	
Bank Name:			



ITEMIZED DEDUCTIONS

Medical Insurance Premiums	\$
Medical /Dental/Vision Expenses	\$
Miles driven for medical purposes	Miles
Real Estate / Property Taxes paid	\$
Personal Property Taxes (DMV registration)	\$
Sales Tax on Major Purchases (car, boat, etc)	\$
Mortgage Interest (Form 1098)	\$
Tax Prep Fees	\$
	\$

HOME OFFICE EXPENSES

To qualify, an "office in the home" must be used **exclusively** and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business.

Total Square Feet of residence	
Total Square Feet Used for Office	
Total Square Feet Used for Storage	
Rent	Utilities
Insurance	Condo Dues
Repairs	Other

VEHICLE EXPENSES

You need adequate detailed mileage records to take the expense.

Year, Make & Model		Purchase Date		Leased	Yes No
Year BEGIN Odometer		TOTAL MILES			
Year END Odometer		Business Miles Driven			
Year, Make & Model		Purchase Date		Leased	Yes No
Year BEGIN Odometer		TOTAL MILES			
Year END Odometer		Business Miles Driven			

SPECIAL INFORMATION

Do you have an Employer paid Pension Plan? If so, check box.	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Did you (or your Spouse) make any contributions to a Traditional, Conventional, or Roth IRA, Keogh plan or a SEP? YES NO		
Plan type: _____	\$	\$
Contributions		
Withdrawals (1099-R)	\$	\$
Rollovers	\$	\$
Alimony Received	\$ YOU	\$ SPOUSE
Alimony PAID	\$ YOU	\$ SPOUSE
Tips Received (NOT reported to your Employer)	\$ YOU	\$ SPOUSE
Student Loan Interest Paid (Form	\$ YOU	\$ SPOUSE
Unemployment Received (1099-G)	YOU	SPOUSE
Cash income received NOT reported on a 1099?	\$ YOU	\$ SPOUSE
For which Occupation / Profession?		
State Tax Refund received	YES	NO
Social Security or RR/Pension	YES	NO
Adoption Expenses	YES	NO

EDUCATION EXPENSES

Taxpayer		Tuition and Fees	\$
Spouse		Books and Supplies	\$

MOVING EXPENSES (Must move more than 50 miles)

Lodging	\$	Moving Truck Expense or Rental	\$
Truck Fuel	\$	Storage Costs	\$
Miles Driven to new location		Miles from old residence to new job	

CHILDCARE EXPENSES

Child's Name		SS#	
Paid To: (Address & Phone)		Tax Id#	

QUARTERLY ESTIMATED TAXES PAID

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund			\$	\$
First Quarter	APRIL		\$	\$
Second Quarter	JUNE		\$	\$
Third Quarter	SEPT		\$	\$
Fourth Quarter	THIS JAN		\$	\$

Please prepare a separate sheet for each OCCUPATION or PROFESSION. Also, each taxpayer and spouse must have their own sheet. Do NOT combine occupations or people on this sheet.

PLEASE LEAVE COLUMN A & C BLANK – OFFICE USE ONLY

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BUSINESS / OCCUPATION / PROFESSION RELATED EXPENSES

NOTE: All expenses are subject to qualifications by the tax authorities

ADVERTISING AND PUBLICITY		TOTAL	A	C	OFFICE EXPENSE		TOTAL	A	C
Business cards, Stationery, Postcards, etc	\$				Batteries	\$			
Business Gifts	\$				Copy Service	\$			
Demo (tape, CD, DVD, audio, video)	\$				Fax Service	\$			
Photo Shoot, Reproduction, Lithos, etc.	\$				Office Supplies	\$			
Resume Service and reproduction	\$				Postage, Freight, Courier	\$			
Web Site, Domain Web Hosting, etc.	\$				Printer Supplies (ink, paper, toner, etc)	\$			
Misc/other	\$				Misc/other	\$			
COMMISSIONS & FEES		TOTAL	A	C	CONTRACT LABOR		TOTAL	A	C
Agent	\$				Accompanist	\$			
Manager	\$				Dresser	\$			
Other	\$				Misc/other	\$			
SUPPLIES		TOTAL	A	C	REPAIRS/MAINTENANCE		TOTAL	A	C
Books, scripts, music	\$				Costume repair/cleaning/maintenance	\$			
Props	\$				Equipment	\$			
Software	\$				Instrument tuning (i.e. piano)	\$			
Uniforms – Professional Costumes	\$				Professional tools	\$			
Misc/other	\$				Misc/other	\$			
EQUIPMENT PURCHASE		TOTAL	A	C	LICENSES		TOTAL	A	C
Type: Date Purchased:	\$				Licenses (i.e. city business license, professional)	\$			
Type: Date Purchased:	\$				Misc/other	\$			
UTILITIES		TOTAL	A	C	RENT/LEASE		TOTAL	A	C
Cable/Satellite %	\$				Equipment	\$			
Communications %	\$				PO Box/ Safe Deposit	\$			
telephone, cell phone, fax line, voicemail	\$				Storage for business	\$			
phone card, pay phone, etc	\$				Theatre space/rehearsal hall	\$			
Internet Service %	\$				Misc/other	\$			
BUSINESS FINANCE		TOTAL	A	C	BUSINESS MEALS/ENTERTAINMENT		TOTAL	A	C
Business bank fees paid	\$				In town business meals	\$			
Business interest paid	\$				In town entertainment	\$			
Misc/other	\$				Out of town business meals	\$			
PROFESSIONAL FEES		TOTAL	A	C	OUT OF TOWN TRAVEL		TOTAL	A	C
Attorney, Legal Fees	\$				Fare	\$			
Bookkeeper/Accountant	\$				Lodging	\$			
Professional registries (casting)	\$				Car rental, taxi, subway, bus, parking & tolls	\$			
Royalties paid	\$				Where: _____ # of days: _____				
Sides	\$				Where: _____ # of days: _____				
Misc/other	\$				Where: _____ # of days: _____				
OTHER		TOTAL	A	C	OTHER		TOTAL	A	C
Dues – professional societies	\$				Research – tickets, movies, etc.	\$			
Dues – Union	\$				Trade publications/subscriptions/periodicals	\$			
Passport	\$				Parking & Tolls	\$			
Professional Development – coaching, lessons, workshops, seminars	\$				Misc/other	\$			
	\$					\$			
CHARITY		TOTAL	A	C		\$			
Cash Donations (Receipts Needed)	\$					\$			
Non-Cash Donations (Receipts Needed)	\$					\$			
	\$					\$			

