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TAX YEAR

Intake Date _____ ATP Staff _____ QPA? _____

Dear Client, in preparation for your tax appointment, we are asking to **please take time to fill in these few pages** out 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, 2010 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	



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	\$
	\$

VEHICLE EXPENSES

The IRS requires VERY detailed record keeping to show cause for taking any mileage (or expenses) related to your vehicle. If you do not have records or if your records are not adequate, you cannot take vehicle expense.

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

EDUCATION EXPENSES

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

MOVING EXPENSES *(Must move more than 50 miles)*

Lodging	\$	Moving Truck Expense or Rental	\$
Fuel for Moving Truck	\$	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#	

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

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 in 2008	YES	NO
Social Security or RR/Pension	YES	NO
Adoption Expenses	YES	NO

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)	\$				\$		
	\$				\$		

