



210 N Pass Ave Suite 205  
 Burbank CA 91505  
 Office 818.557.3355  
 Fax 818.748.1565

[david@actorstaxprep.com](mailto:david@actorstaxprep.com)  
[www.actorstaxprep.com](http://www.actorstaxprep.com)

## 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

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

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

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

On December 31, 2011 you were	SINGLE	SEPARATED	WIDOW/ED
	MARRIED	DIVORCED	RDP

### DEPENDENTS

<b>SOCIAL SECURITY NAME</b>	LAST	FIRST	MIDDLE	Date of Birth	Months in home
<b>DEPENDENT SOCIAL SECURITY #:</b>					
OVER 18 AND a student?	YES	NO	Dependent has income to declare on your return? YES NO		
<b>SOCIAL SECURITY NAME</b>	LAST	FIRST	MIDDLE	Date of Birth	Months in home
<b>DEPENDENT SOCIAL SECURITY #:</b>					
OVER 18 AND a student?	YES	NO	Dependent has income to declare on your return? YES NO		
<b>USE ADDITIONAL SHEET IF NECESSARY TO LIST ADDITIONAL DEPENDENTS</b>					

**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

You need adequate detailed mileage records to take the expense.

1<sup>st</sup> Half = Jan 1, 2011 to June 30, 2011

2<sup>nd</sup> Half = July 1, 2011 to Dec 31, 2011

Year, Make & Model		Purchase Date		Leased	Yes No
Year BEGIN Odometer		TOTAL MILES			
Year END Odometer		Business Miles Driven		1 <sup>st</sup> Half	2 <sup>nd</sup> Half
Year, Make & Model		Purchase Date		Leased	Yes No
Year BEGIN Odometer		TOTAL MILES			
Year END Odometer		Business Miles Driven		1 <sup>st</sup> Half	2 <sup>nd</sup> Half

### 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#	

### 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.  You  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**

210 N. Pass Ave. Suite 205  
 Burbank, CA 91505  
 Office 818.557.3355  
 Fax 818.748.1565  
[david@actorstaxprep.com](mailto:david@actorstaxprep.com)  
[www.actorstaxprep.com](http://www.actorstaxprep.com)

## 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)	\$					\$			
	\$					\$			

