

PERFORMING ARTIST'S INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

SERVICE PERFORMED _____

How many months was this business in operation during the year? 12 Months OR From _____ Through _____

How many hours during the year did you and/or your spouse devote to this business? FULL TIME OR # of hours _____

Is any portion of your investment in this business *not* subject to payback by you? YES NO

▼ BUSINESS INCOME ▼

GROSS SALES/RECEIPTS	Amount	W2 ✓	1099 ✓	
Source:				1099 – MISC. Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/> W-2: Bring all W2s received.
Source:				
Source:				
Source:				
Source:				
Source:				

▼ Sales of Sets, Scenery, Equipment & Instruments Used for Business ▼

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

▼ CAR and TRUCK EXPENSES ▼

	Vehicle 1	Vehicle 2	
Year and Make of Vehicle			<input checked="" type="checkbox"/> BUSINESS MILES (examples) ___ Bank trips ___ Auditions ___ Business meetings ___ Classes ___ Job-seeking ___ Out-of-town trips ___ Purchasing materials/supplies ___ Rehearsals Do not count miles commuting to a regular place of business as business miles.
Date Purchased (month, date and year)◊			
Ending Odometer Reading (December 31)			
Beginning Odometer Reading (January 1)	–	–	
Total Miles Driven (End Odo – Begin Odo)			
Total Business Miles (do you have another vehicle?)			
Total Commuting Miles			
Parking Fees and Tolls			
License Plates			
Interest			
<i>Continue only if you take actual expense (must use actual expense if you lease)</i>			
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.			
Lease Costs			

PERFORMING ARTIST'S EXPENSES (continued)

<p>ADVERTISING/PROMOTION: Ads, business cards, holiday cards, etc.</p> <p>◇ COMMISSIONS & FEES PAID: Contract labor, agent's fees, manager's commissions.</p> <p>EMPLOYEE BENEFITS: Health Insurance, company party, mileage reimbursements, etc.</p> <p>INSURANCE: Business liability (do not include auto, truck or health)</p> <p>INTEREST: (do not include auto or truck) Equipment loans Business-only credit card</p> <p>◇ LEGAL & PROFESSIONAL: Attorney fees for business, acct. fees, bonds, permits, tax prep.</p> <p>OFFICE EXPENSE: Postage, stationery, office supplies, bank charges, pens, printing, etc.</p> <p>PENSION/PROFIT SHARING: Employees only</p> <p>◇ RENT/LEASE: Machinery and equipment Other business property/studio</p> <p>◇ REPAIRS & MAINTENANCE: Equipment, piano tuning, etc.</p> <p>SUPPLIES: Computer supplies Films/slides, a/v materials Classroom aids/decorations</p> <p>TAXES: Personal property Licenses (not auto/truck), Sales tax (if included in gross sales) Payroll</p> <p>EDUCATION: (tuition, registration, books, supplies)</p> <p>TRAVEL (number of nights away):</p> <table style="width: 100%; border: none;"> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> <tr> <td>City _____</td> <td>Nights out _____</td> <td>City _____</td> <td>Nights out _____</td> </tr> </table>	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	City _____	Nights out _____	<p>EXPENSES (away from home overnight):</p> <p>Lodging</p> <p>Meals & tips (keep total separate from other costs)</p> <p>Other (incidentals, laundry, etc.)</p> <p>Convention fees</p> <p>Airplane or train fares</p> <p>Auto rental, taxis or bus fares</p> <p>MEALS & ENTERTAINMENT:</p> <p>Business meals</p> <p>Gifts (limited to \$25 per individual or couple)</p> <p>Tickets</p> <p>Tickets to qualified charitable events</p> <p>UTILITIES & TELEPHONE:</p> <p>Electricity (business)</p> <p>Natural gas/heating fuel (business)</p> <p>Garbage, water, sewer (business)</p> <p>Telephone (bus. line, second line, other options)</p> <p>Business long distance (from home telephone)</p> <p>Faxes, paging svcs, cellular svcs, pay phone</p> <p>WAGES: (bring your copy of W-2s/941s if they have been filed)</p> <p>Wages to spouse (subject to Soc.Sec. and Medicare tax)</p> <p>Children under 18 (not subject to Soc.Sec. and Medicare tax)</p> <p>Other</p> <p>OTHER EXPENSES (not listed elsewhere):</p> <p>Accompanist and audition</p> <p>Coaching lessons</p> <p>Dues and publications (association, union dues, magazines, trade journals)</p> <p>Education (tuition, books, supplies)</p> <p>Tickets for research (theatre, film, concert, etc.)</p> <p>Tips and gratuities (backstage)</p> <p>Wardrobe/costumes (cost, cleaning, professional makeup)</p>
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BUSINESS EQUIPMENT PURCHASED & LEASEHOLD IMPROVEMENTS

Audio visual, answering machine, computer, software, tape recorder, pagers, telephones, furniture, fax, etc...

Item Purchased	Date Purchased	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

◇ 1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

Due date of return is January 31. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment

Sign here _____

W-9s (Request for Payee's Social Security #) are available.