Name	Last Four Digits S	5#		
MUSICIAN		TAXPAYER	SPOUSE	
BUSINESS INCOME -				
COST OF GOODS - C	D duplication, record manufacture			
MUSICIAN FEES				
CARTAGE, ROADIES				
	cards, photos, IMDB, website			
COMMISSIONS – ag	•			
INSURANCE – equip				
INTEREST – paid on				
OFFICE EXPENSE – internet, postage, UPS, FedEx, messengers				
EQUIPMENT RENTAL – instrument, vehicle, machinery, equipment				
STUDIO – recording, rehearsal				
REPAIRS – instrument, computer, equipment				
SUPPLIES – strings, cables, picks, sticks, paper, batteries				
TELEPHONE – cell phone, landline				
TRAVEL – airfare, ho				
MEALS – business m	eals, food on location: DAYS ON TOUR:			
COMPUTER SUBSCR	IPTIONS – recording software, Microsoft Office, plug-ins			
EDUCATIONAL/COA	CHING – lessons, classes, seminars, workshops			
UNION DUES & PRO	FESSIONAL MEMBERSHIPS			
PROMOTIONAL - git				
RESEARCH – cable T				
SONG COPYRIGHTS/				
STAGE WARDROBE	- stage use only			
STORAGE FEES - equ				
TRADE PUBLICATIONS – industry mags, books, newspaper subscriptions				
EQUIPMENT & SOFTWARE PURCHASES – total				
FED INCOME TAX PM				
FED INCOME TAX PMT: STATE INCOME TAX PMT: RETIREMENT CONTRIBUTION – SEP, IRA, Roth IRA				
MEDICAL INSURANCE: MEDICAL EXPENSE:				
REAL ESTATE TAX				
MORTGAGE INTERES	T2			
	-			
CHARITY – cash, che				
	contributions, Goodwill, Salvation Army, Out of The Closet			
		VEHICLE 1	VEHICLE 2	
BUS. USE SQ FT TOTAL SQ FT	YEAR ACQUIRED & TYPE TOTAL MILEAGE ADDED THIS YEAR			
INSURANCE	BUS. MILEAGE ADDED THIS YEAR			
RENT	PARKING			
REPAIRS	GASOLINE OR APPROX MILES PER GAL.			
UTILITIES	REPAIRS, TIRES, TUNE-UPS			
	INSURANCE			
	REGISTRATION/DMV LEASE EXPENSE			

BUSINESS EQUIPMENT PURCHASED DURING THE YEAR:				
Date Purchased (mm/dd/yyyy)	Description		Cost	
		total		
CHECK LIST:				
Make sure all names	are exactly as they appear on the Social	Security cards.		
Subtotal all your receipts and write the totals in the appropriate categories.				
Bring all W-2s and 10	199s with you.			
	s, bring in all information, including date		and sale.	
	urity numbers are included for all childr	en (dependents).		
Fill out the following	:			
Address:				
City	State	Zip		
Phone: home	work	cell		
email:				
If you prefer, email directly to hnr@hnrclark.com or fax to: 818.848.5832				
H.N.R. CLARK				
4444 Riverside Drive Ste 304 Burbank, CA 91505 tel 818.848.5858 fax 818.848.5832 hnrclark.com				
FOR OFFICE USE ONLY:				
ESTIMATED FED REFUND ESTIMATED STATE REFUND				