

WARDROBE STYLIST / COSTUMER WORKSHEET

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|--|--|
| ADVERTISING- bus. cards, publicity photos, resumés | |
| PROFESSIONAL SERVICES- subcontract labor, assistants | |
| INTEREST- paid on business expenses | |
| TAX PREPARATION FEES - legal and accounting fees | |
| POSTAGE- fax, Xerox, FedEx, messengers | |
| EQUIPMENT RENTAL- film production expense | |
| REPAIRS- computer and equipment repair | |
| SUPPLIES - stationery, batteries, etc. | |
| STYLIST KIT PURCHASE | |
| TRAVEL- airfare, hotels, cabs, hotel | |
| MEALS & ENTERTAINMENT- business meals, food on location | |
| PHONE- used for business, answering service, cell, v-mail | |
| TRADE PUBLICATIONS- industry mags, books | |
| SEMINARS- trade shows | |
| GIFTS- promotional, client | |
| FILM/FILM PROCESSING | |
| CLEANING/LAUNDRY/ ALTERATIONS | |
| RESEARCH- films, concerts, video rentals | |
| CABLE TV | |
| DUES - union dues, online fees, associations, memberships | |
| PARKING | |
| LOCATION - number of days on location | |
| MEDICAL- doctor, dentist, optometry | |
| MEDICAL INSURANCE | |
| MORTGAGE INTEREST | |
| REAL ESTATE TAX | |
| CHARITY - cash, check | |
| CHARITY - other | |
| | |
| | |
| | |

| VEHICLE EXPENSE: | VEHICLE 1 | VEHICLE 2 |
|---------------------------|------------------|------------------|
| Year vehicle was acquired | | |
| Total Miles | | |
| Business Miles | | |
| Approx. miles per gallon | | |
| Cost of insurance | | |
| Repairs, tires, tune-ups | | |
| Lease expense | | |
| Vehicle Registration/DMV | | |

Name _____ Last Four Digits SS# *** - ** -

BUSINESS EQUIPMENT PURCHASED DURING THE YEAR:

| Date Purchased (mm/dd/yyyy) | Description | Cost |
|-----------------------------|-------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 1099s with you.
- If you sold any stocks, bring in all information, including date and price of purchase and sale.
- Make sure Social Security numbers are included for all children (dependents).
- Fill out the following:

Address: _____

City _____ State _____ Zip _____

Phone: home _____ work _____ cell _____

email: _____

for more info: sendforms@hnrclark.com

or save, print and fax to: **818.848.5832**

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FOR OFFICE USE ONLY:

ESTIMATED FED REFUND _____ ESTIMATED STATE REFUND _____