

Name \_\_\_\_\_

SS# \_\_\_\_\_

## EDUCATOR WORKSHEET

|  |                   |
|--|-------------------|
| ADMISSIONS                                       |                   |
| ANSWERING SERVICE                                |                   |
| BRIEF CASE                                       |                   |
| CONVENTIONS                                      |                   |
| COPY SERVICE                                     |                   |
| CREDENTIAL RENEWAL                               | PROFESSIONAL DUES |
| EDUCATION EXPENSE                                |                   |
| LIBRARY EXPENSE                                  |                   |
| PHYSICAL EXAM REQUIRED BY EMPLOYER               |                   |
| POSTAGE  |                   |
| REPAIR & MAINTENANCE OF EDUCATIONAL EQUIPMENT    |                   |
| SECRETARIAL SERVICES                             |                   |
| SEMINARS   |                   |
| SUBSCRIPTIONS TO PROF. JOURNALS & PUBLICATIONS   |                   |
| STATIONERY                                       |                   |
| TEACHING AIDS:                                   |                   |
| ART SUPPLIES                                     |                   |
| AUDIO & VIDEO TAPES                              |                   |
| BOOKS  |                   |
| CLASSROOM SUPPLIES                               |                   |
| RENTALS  |                   |
| OTHERS   |                   |
| TELEPHONE USED FOR BUSINESS                      |                   |
| TRANSPORTATION TO:                               |                   |
| CLASS/TEACHER MEETINGS                           |                   |
| LIBRARY/RESEARCH                                 |                   |
| PTA MEETINGS                                     |                   |
| OTHER  |                   |
| UNIFORMS & SPECIAL CLOTHING, SHOES & ACCESSORIES |                   |
| UNION DUES                                       |                   |
| WORKSHOPS  |                   |

| 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  |           |           |

**BUSINESS EQUIPMENT PURCHASED DURING THE YEAR:**

| Date Purchased | Description | Cost |
|----------------|-------------|------|
|                |             |      |
|                |             |      |
|                |             |      |
|                |             |      |
|                |             |      |
|                |             |      |
|                |             |      |
|                |             |      |

**CHECK LIST:**

- Make sure all names are exactly as they appear on the social security cards.
- Subtotal all your receipts and write them in under 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: \_\_\_\_\_

prepared by:

**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 \$ \_\_\_\_\_