

ANIMATION/TECH DIRECTOR/POST PROD WORKSHEET

| | NAME | S.S.# |
|-----|---|-----------|
| 1) | ADVERTISING - Bus. cards, Publicity photos, Resumes | |
| 2) | PROF. SERVICES - Sub-contract labor, Assistants | |
| 3) | INTEREST - Paid on business expenses | |
| 4) | LEGAL FEES, ACCOUNTING FEES | |
| 5) | POSTAGE, FAX, XEROX, FED-EX, MESSENGERS | |
| 6) | REPAIRS - Instruments and equipments | |
| 7) | ART SUPPLIES - Raw stock, Canvas, Paints, etc. | |
| 8) | SUPPLIES - Stationeries, Batteries, etc. | |
| 9) | RESEARCH - Films, concerts, DVD rentals | |
| 10) | TRAVEL - Airfare, Train, Taxicabs, Hotel | |
| 11) | FOOD & ENTERTAINMENT - Bus. meals, Food on location | |
| 12) | TELEPHONE - Used for bus., Answering svc, cell, & voicemail | |
| 13) | TRADE PUBLICATIONS - Industry magazines., Books | |
| 14) | SEMINARS - Trade shows | |
| 15) | PROMOTIONAL GIFTS | |
| 16) | FILM/FILM PROCESSING | |
| 17) | TAPE DUPLICATION - Demo reel | |
| 18) | CABLE TELEVISION SUBSCRIPTION | |
| 19) | STATS - Production Expense, Outputting | |
| 20) | STUDIO IN HOME (% of sq. ft. used as studio) | |
| 21) | UTILITIES - Electricity, Gas | |
| 22) | UNION DUES, ONLINE FEES | |
| 23) | PARKING | |
| 24) | WEEKS ON LOCATION | |
| 25) | | |
| 26) | | |
| 27) | MEDICAL- Doctors, Dentists, Optometry | MED. INS. |
| 28) | MORTGAGE INTEREST | |
| 29) | REAL ESTATE TAX | |
| 30) | CHARITY - Cash or check | |
| 31) | CHARITY - Other | |

| CAR AND TRUCK EXPENSES | VEHICLE 1 | VEHICLE 2 | CURRENT YEAR | VEHICLE 1 | VEHICLE 2 |
|---------------------------|-----------|-----------|--------------------------|-----------|-----------|
| YEAR VEHICLE WAS ACQUIRED | | | | | |
| TOTAL MILES ON VEHICLE | | | TOTAL MILES | | |
| APPROX. MILES PER GALLON | | | | | |
| COST OF INSURANCE | | | BUS. MILES | | |
| REPAIRS, TIRES, TUNE-UPS | | | | | |
| LEASE EXPENSE | | | VEHICLE REGISTRATION/DMV | | |

BUSINESS EQUIPMENT PURCHASES DURING THE YEAR

| DATE PURCHASED | DESCRIPTION | COST |
|----------------|-------------|------|
| | | |
| | | |

| DATE PURCHASED | ADDITIONAL BUS. EQUIP. PURCHASES DESCRIPTION | COST |
|----------------|---|------|
| | | |
| | | |
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INSTRUCTIONS

- 1) Please make sure all names are exactly as they appear on the social security cards.
- 2) Please subtotal all your receipts and write them in under the appropriate categories.
- 3) Bring all W-2s and 1099s.
- 4) If you sold any stocks, bring in all information, including date and price of purchase and sale.
- 5) Social Security numbers are required for all children (dependents).
- 6) Fill out the following:

YOUR CURRENT ADDRESS:

Street Address

City, State, and Zip Code

Home: _____ Work: _____ Cell: _____

Phone Numbers

Email Address

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FOR OFFICE USE ONLY:

ESTIMATED FED. REFUNDS _____ ESTIMATED STATE REFUNDS _____

Privacy Notice: WE DO NOT SHARE INFORMATION WITH ANYONE