

CAMERA ASST./LIGHTING DESIGN/TECH 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)	EQUIPMENT RENTAL/FILM PRODUCTION	
7)	REPAIRS - Instruments and equipments	
8)	SUPPLIES - Stationeries, Blank tapes, Batteries, etc.	
9)	TOOLS - KIT PURCHASE - Light meters, Cases	
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)	RESEARCH - Films, Concerts, Video rentals	
19)	CABLE TELEVISION SUBSCRIPTION	
20)	STATS - Production Expense, Outputting	
21)	STUDIO IN HOME (% of sq. ft. used as studio)	
22)	UTILITIES - Electricity, Gas	
23)	UNION DUES - Association memberships, Online fees	
24)	PARKING	
25)	WEEKS ON LOCATION	
26)		
27)	MEDICAL- Docs, 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

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