

# MUSICIAN WORKSHEET

NAME	S.S.#
1) ADVERTISING - Bus. cards, Publicity photos, Resumes	
2) PROF. SERVICES - Sub-contract labor, Assistants	
3) MUSICIANS' FEES	
4) CARTAGE, ROADIES	
5) COMMISSIONS - Paid to agents, Managers	
6) INSURANCE - On instruments, Equipment	
7) INTEREST - Paid on business expenses	
8) LEGAL FEES, ACCOUNTING FEES	
9) POSTAGE, FAX, XEROX, FED-EX, MESSENGERS	
10) EQUIPMENT RENTAL - Film production expense	
11) REPAIRS - Instruments and equipments	
12) SUPPLIES - Stationeries, Batteries, etc.	
13) CDs, DVDs, RESEARCH MATERIALS	
14) TRAVEL - Airfare, Train, Taxicabs, Hotel	
15) FOOD & ENTERTAINMENT - Bus. meals, Food on location	
16) TELEPHONE - Used for bus., Answering svc, cell, & voicemail	
17) TRADE PUBLICATIONS - Music/Industry mags., Books	
18) LESSONS, SEMINARS, COACHING	
19) LAUNDRY & CLEANING - Stage clothes only	
20) PROMOTIONAL GIFTS	
21) RECORDING STUDIO	
22) REHEARSAL STUDIO	
23) SONG COPYRIGHTS, REGISTRATION	
24) TAPE DUPLICATION - Demo reel	
25) STAGE WARDROBE - Used for stage only	
26) MUSIC CABLE SUBSCRIPTION	
27) UNION DUES - Online fees	
28) PARKING	
29) WEEKS ON LOCATION	
30)	
31) MEDICAL- Doctors, Dentists, Optometry	MED. INS.
32) MORTGAGE INTEREST	
33) REAL ESTATE TAX	
34) CHARITY - Cash or check	
35) 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		

**ADDITIONAL BUS. EQUIP. PURCHASES**

DATE PURCHASED	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: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Phone Numbers

Email Address: \_\_\_\_\_

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FOR OFFICE USE ONLY:

ESTIMATED FED. REFUNDS \_\_\_\_\_ ESTIMATED STATE REFUNDS \_\_\_\_\_

**PRIVACY NOTICE: WE DO NOT SHARE OUR CLIENT INFORMATION WITH ANYONE**