

PHOTOGRAPHER WORKSHEET

ADVERTISING- bus. cards, publicity photos, resumés	
PROFESSIONAL SERVICES- subcontract labor, assistants	
FILM- raw stock	
FILM PROCESSING/LAB FEES	
INTEREST- paid on business expenses	
TAX PREPARATION FEES - legal and accounting fees	
POSTAGE- fax, Xerox, FedEx, messengers	
CAMERA RENTAL- equipment rental	
REPAIRS- computer and equipment repair	
SUPPLIES - stationery, batteries, etc.	
TRAVEL- airfare, hotels, cabs	
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	
RESEARCH- films, concerts, video rentals	
STUDIO RENTAL	
IN-HOME STUDIO- %of sqft used as studio	
UTILITIES electric, gas	
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 _____