

MASSAGE THERAPIST		TAXPAYER	SPOUSE	
BUSINESS INCOME – 1099, cash, Paypal, Venmo (not W2 or brokerage)				
ADVERTISING – bus. cards, photos, website				
CONTRACT LABOR – subcontract labor, assistants				
INSURANCE – business (not health or vehicle)				
INTEREST – paid on business expenses				
LEGAL & PROFESSIONAL – tax preparation, accounting, legal				
OFFICE EXPENSE – internet, postage, UPS, FedEx, messengers				
SHOP RENT				
REPAIRS – computer, equipment, phone				
SUPPLIES – oils, lotions				
TELEPHONE – cell phone, landline				
TOOLS – table, therapeutic equipment				
TRAVEL – airfare, hotels, cabs, train				
MEALS – business meals, food on location				
CLEANING/LAUNDRY/ALTERATIONS				
COMPUTER SUBSCRIPTIONS – DropBox, Adobe, Microsoft Office				
EDUCATIONAL/COACHING – classes, seminars, workshops				
PROMOTIONAL – client gifts				
RESEARCH				
TRADE PUBLICATIONS – industry mags, books, newspaper subscriptions				
PROFESSIONAL MEMBERSHIPS – license renewal				
EQUIPMENT PURCHASES – total				
FEDERAL INCOME TAX PAYMENT – extension, estimated tax				
STATE INCOME TAX PAYMENT – extension, estimated tax				
RETIREMENT CONTRIBUTION – SEP, IRA, Roth IRA				
MEDICAL INSURANCE				
MEDICAL EXPENSE				
REAL ESTATE TAX				
MORTGAGE INTEREST				
CHARITY – cash, check				
CHARITY – non-cash contributions, Goodwill, Salvation Army, Out of The Closet				
HOME OFFICE	VEHICLE EXPENSE		VEHICLE 1	VEHICLE 2
BUS. USE SQ FT		YEAR ACQUIRED & TYPE		
TOTAL SQ FT		TOTAL MILEAGE ADDED THIS YEAR		
INSURANCE		BUS. MILEAGE ADDED THIS YEAR		
RENT		PARKING		
REPAIRS		GASOLINE OR APPROX MILES PER GAL.		
UTILITIES		REPAIRS, TIRES, TUNE-UPS		
		INSURANCE		
		REGISTRATION/DMV		
		LEASE EXPENSE		

Name _____

Last Four Digits SS# *** - ** - _____

BUSINESS EQUIPMENT PURCHASED DURING THE YEAR:

Date Purchased (mm/dd/yyyy)	Description	Cost

total _____

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: _____

If you prefer, email directly to hnr@hnrclark.com or fax to: 818.848.5832

H.N.R. CLARK

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FOR OFFICE USE ONLY:

ESTIMATED FED REFUND _____ ESTIMATED STATE REFUND _____