

VISUAL ARTIST'S & DESIGNER'S EXPENSES (continued)

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| ADVERTISING/PROMOTION: Ads, business cards, greeting cards, photos, portfolio, resumes, etc. | |
| *COMMISSIONS & FEES PAID: Contract labor. | |
| EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc. | |
| INSURANCE: Worker's Comp, business liability (do not include auto/truck/health) | |
| INTEREST: Paid to financial institution (Mortgage) Paid to individual | |
| OTHER INTEREST: _____ (do not include auto or truck) _____ List life insurance loans separately _____ Business-only credit card _____ | |
| *LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc. | |
| OFFICE EXPENSE: Postage, stationery, office supplies, computer supplies, pens, etc. | |
| PENSION/PROFIT SHARING: Employees only. | |
| *RENT/LEASE: Machinery and equipment _____ Other business property _____ | |
| *REPAIRS & MAINTENANCE: Building, equipment, etc. (do not include auto or truck) | |
| SUPPLIES: Safety, cleaning, small tools, brushes, etc. | |
| TAXES: Personal property _____ Licenses (not auto/truck) _____ Real estate of business building _____ Sales tax (if included in gross sales) _____ Payroll (your share Soc.Sec./Medicare) _____ | |
| TRAVEL (number of nights away): City _____ Nights out ____ City _____ Nights out ____ City _____ Nights out ____ City _____ Nights out ____ City _____ Nights out ____ City _____ Nights out ____ City _____ Nights out ____ City _____ Nights out ____ | |

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| EXPENSES (away from home overnight): Lodging _____ Meals & tips (keep total separate from other costs) _____ Convention fees _____ Cruise ship convention/seminar _____ Airplane or train fares _____ Auto rental, taxis or bus fares _____ Other (incidentals, laundry, etc.) _____ | |
| MEALS & ENTERTAINMENT: Business Meals _____ Gifts (limited to \$25 per individual or couple) _____ Tickets _____ Tickets to qualified charitable events _____ | |
| UTILITIES & TELEPHONE (business building): Electricity (studio) _____ Natural gas/heating fuel (studio) _____ Garbage, water, sewer (studio) _____ Telephone (bus. line, second line, other options) _____ Business long distance (from home telephone) _____ Fax transmissions, paging svcs, cellular svcs _____ | |
| WAGES: (bring your copy of W-2s/941s if they have been filed) _____ Wages to spouse (subject to Soc.Sec. and Medicare tax) _____ Wages to children under 18 (not subject to Soc.Sec. and Medicare tax) _____ Other _____ | |
| OTHER EXPENSES (not listed elsewhere): Bank charges, credi card machine _____ Courier services _____ Education _____ Laundry & Cleaning _____ Printing & Copying _____ Show Fees _____ Research (books, tickets, etc.) _____ Shipping _____ Show Fees _____ | |

EQUIPMENT PURCHASED

(Computers, office equipment, furnishings, samples or demonstrators not for sale with lives of more than one year)

| Item Purchased | Date Purchased | Business Use % | Cost (including sales tax) | Item Traded | Additional Cash Paid | Traded with Related Property | Other Information |
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*1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

Due date of return is January 31. Non-filing penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold tax on the payment(s).

| Name | Address | Social Security # | Amount | Purpose of Payment |
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