UNREIMBURSED SELF-EMPLOYED BUSINESS EXPENSES

Advertising (cards, headshots, mailings) \_\_\_\_\_\_\_

Books (research, scripts) \_\_\_\_\_\_\_

Business taxes (if City of Phila NPT/BIRT) \_\_\_\_\_\_\_\_

Business gifts (flowers for cast)\_\_\_\_\_\_\_\_

Classes (to maintain/enhance skills) \_\_\_\_\_\_\_

Contract labor (to pay actors, designers, fabricators, teaching subs) \_\_\_\_\_\_\_\_\_\_

Internet \_\_\_\_\_\_

Hair/Makeup \_\_\_\_\_\_

Office supplies \_\_\_\_\_\_

Photo/Video \_\_\_\_\_\_\_

Professional development (tickets, memberships, residency fees, subscriptions) \_\_\_\_\_\_

Project expenses (set, prop, costume, rented equipment, etc) \_\_\_\_\_\_\_

Rented space (rehearsal/performance/studio/gallery/office) \_\_\_\_\_\_\_\_

Software and apps \_\_\_\_\_\_\_\_

Tax preparation (for last year) \_\_\_\_\_\_

Telephone (business use - can be a % of total cost) \_\_\_\_\_\_

Union dues \_\_\_\_\_\_\_

Website (design, domain hosting) \_\_\_\_\_\_

**TRAVEL AND MEALS**

Local travel (bus, bike, Lyft) \_\_\_\_\_\_\_

In-town meals (business related) \_\_\_\_\_\_\_\_

Per diem for out-of-town meals (list number of days and location) \_\_\_\_\_\_\_\_

Out-of-town travel (plane, bus, train, rental car - not your own car) \_\_\_\_\_\_\_\_

Out-of-town lodging \_\_\_\_\_\_

**HOME OFFICE**

 Total square footage of home \_\_\_\_\_\_\_

 Total footage used for business \_\_\_\_\_\_\_

 Total utilities \_\_\_\_\_\_\_ repairs \_\_\_\_\_\_\_\_for whole home

 Homeowners or renters insurance \_\_\_\_\_\_\_

 If renter, total rent paid for year \_\_\_\_\_\_\_

 If owner, property tax paid \_\_\_\_\_\_\_ mortgage interest paid \_\_\_\_\_

**CAR EXPENSES**

 Make/Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total miles driven in year \_\_\_\_\_\_\_\_\_

 Total miles driven for business in year (not commuting to W2 job) \_\_\_\_\_\_\_\_

 Parking and tolls \_\_\_\_\_\_\_\_

**AMORTIZABLE EXPENSES (expenses over $500 - like a new computer)**

 What was it? \_\_\_\_\_\_\_\_\_\_\_\_

 Date purchased \_\_\_\_\_\_\_\_\_\_\_ cost\_\_\_\_\_\_\_\_\_

**OTHER EXPENSES “ordinary and necessary”**