

Name: _____

Phone Number # _____

Tax Year 2017

Chuck Sloan & ASSOCIATES

Tax Preparation for Performers

www.chucksloan.com

PHONE : (818) 769-2291 / Fax: 818 769-5274

Email: staff@chucksloan.com

Please--NO Pets
You Love them,
We love them,
But other clients may be
allergic or frightened.

PLEASE MAKE SURE THESE PAGES ARE **COMPLETELY AND ACCURATELY**
FILLED IN **BEFORE** YOU CALL TO MAKE YOUR APPOINTMENT.

> **NEW: If you have children and expect to receive the Child Tax Credit or Earned Income Credit, the IRS is requiring us to collect proof of the existence of your children.** This could be school records, a copy of their Birth Certificate (for all children), a copy of their adoption papers or other records. We will need to keep a copy for our records in case the IRS visits us.

> **We say this every year. Compare your check stubs with your tax forms.** Make sure you have received all of your forms before you come to your appointment, preferably before you schedule an appointment. In the event you are missing a form, please call the issuer and have them sent to you ASAP. SAG/AFTRA may send you the actual check but they don't send the tax forms. If you moved, some mail may not have been forwarded. **We cannot complete the return without the actual tax form.**

> **We need you at your appointment, but if an emergency arises, then it is easy enough to drop off or fax your information before hand.** That way we haven't completely wasted an appointment time-slot and we can actually use YOUR time-slot to work on YOUR tax return.

> **Our policy is to complete your tax return in the 90 minutes allotted to you.** If we have to go into overtime, it is charged at \$160 an hour. If you do not have all of your forms or numbers, and have to come back to finish the work, it will require an additional appointment and overtime will be charged at that second appointment no matter how many minutes you were here to begin with.

> **In light of the ever increasing threat of ID theft:** If you want to send any documents with your Personal Information on it, please copy and use Priority Mail or email it in a password protected email. You can always fax it as well. Never send original documents through the mail.

> **NEW! - you can get a PDF of your return during your tax appointment on our flash drive for \$10.** If you want a PDF after your tax appointment, it will be \$25 whether we password protect it in an email to you, or mail it to you on a flash drive.

GENERAL INFORMATION

Please fill out the information below to the best of your ability. We understand that some of the terms and questions may not be familiar to you.

Primary Name: _____ Soc. Sec. #: _____

Occupation: _____ Date of Birth: _____ Blind: Y N

Spouse Name: _____ Soc. Sec. #: _____

Occupation: _____ Date of Birth: _____ Blind: Y N

Address: _____ Different from W-2(s)?: Y N

City: _____ Zip: _____ Phone: _____

Cell Phone: _____ Email Address: _____

MARITAL STATUS:

(Please Circle) Single Married Separated Widow

If Filing Married / Separate: Does Spouse Itemize? Y N Date: _____

If Yes, Spouse's Social Security Number?: _____

Dependent Information:

In the first column below, enter a **Dependent Code** for each dependent listed:

L - Child who lived with you N - Child who did not live with you due to divorce or separation O - Other dependent

| Code | Full Name | Social Security Number | Relationship | Date of Birth | # of Months lived in Home |
|------|-----------|------------------------|--------------|---------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CHILD CARE EXPENSES

Name of Care Giver *Address* *Phone* *Federal ID Number* *Amount Paid*

ELECTRONIC FILING INFORMATION: We are required to file all current tax returns electronically. This gives you the option to quickly and safely receive your refunds direct deposited into your bank account. We suggest you bring your check book to confirm this information.

NAME OF FINANCIAL INSTITUTION: _____

ROUTING TRANSIT #: _____ **ACCOUNT #:** _____

ACCOUNT TYPE: Checking Savings

OWNERSHIP: Self Spouse Self & Spouse

HEALTH INSURANCE

Question 1) Did you have health insurance in 2017 for yourself AND/OR your dependents for the entire year?

YES NO

If you didn't have qualifying insurance during all of last year you may be subject to additional penalties but the total amount cannot be determined until your tax return has been completed. There are exemptions you may qualify for to eliminate these penalties but you will have to visit <https://www.healthcare.gov/> for a greater explanation of these.

Question 2) If yes, did you buy your health insurance through:

- Covered California or Healthcare.gov (or any other state "marketplace")? (You **must** have a Form 1095-A)
- A Private Insurance broker? (Expect Form 1095-B)
- An Employer Sponsored health insurance plan (i.e. SAG/AFTRA) (Expect Form 1095-C)

You will be receiving one of the three new tax forms: 1095-A, 1095-B or a 1095-C to verify your insurance coverage. You must bring this form to your tax appointment. We can't finish your return without it.

If you did not have health coverage for the whole year you may be subject to additional taxes, but it cannot be determined in total until the return has been completed.

Did you make any ESTIMATED Tax Payments for 2017?

(If you are wondering what this means, you didn't make any.)

| | Federal | State | Local |
|--------------------------------|---------|-------|-------|
| Quarter 1- By 4/15/17 | | | |
| Quarter 2- By 6/15/17 | | | |
| Quarter 3- By 9/15/17 | | | |
| Quarter 4- By 1/16/18 | | | |
| State Taxes for Previous Years | | | |
| TOTALS | | | |

Some taxpayers apply some or all of their previous year's refunds to this year's taxes. If so please let us know. (If you were with us last year our computer will place that information into this year's records automatically.)

WARNING: Are you a SIGNATORY on ANY Accounts Outside of the U.S.?

At any time during the previous year did you have a financial interest in or signature authority over at least one financial account located outside of the United States; and the aggregate value of all foreign financial accounts exceeded \$10,000 at any time during the calendar year reported? Then you will need to be able to fillout the FBAR paperwork available at <http://bsaefiling.fincen.treas.gov/main.html>. We will NOT be responsible for filing this form.

DID YOU EARN ANY FOREIGN INCOME?

DID YOU PAY FOREIGN TAX ON IT?

If yes, then make certain you bring in a record of when, where and how much.

**EVERYONE SHOULD FILL OUT THESE EXPENSES.
IF YOU ARE SINGLE OR MARRIED FILING JOINT,
PLEASE COMBINE YOUR EXPENSES ON THIS PAGE.**

| |
|--|
| EDUCATOR/TEACHER EXPENSES \$ _____ (Full time teachers only) |
| RETIREMENT PLAN CONTRIBUTIONS: SEP/SIMPLE/TRADITIONAL IRA \$ _____ ROTH IRA \$ _____ |
| ALIMONY PAID: Ex-Spouse's Soc. Sec. # : _____ \$ _____ |
| MOVING EXPENSES: Allowable ONLY if you moved at least 50 Miles CLOSER to work. Date of Move: _____ Moved FROM _____ To: _____ Distance _____ Miles Transportation of Belongings \$ _____ Storage \$ _____ Travel \$ _____ Lodging \$ _____ |
| STUDENT LOAN INTEREST? Y / N (if YES you must bring 1098-E) TUITION? Y / N (if YES you must bring 1098-T) |
| HEALTH SAVINGS ACCOUNT? How much did you contribute: \$ _____ |

| | |
|--|--|
| SELF PAID HEALTH INSURANCE PREMIUMS (including Long Term Care and Medicare) | |
| MEDICAL Expenses (Other than HealthCare Insurance) NOT reimbursed by insurance. Examples: Medical, Dental, Eye Glasses (including exams), Therapists, Prescriptions, Ambulance, Parking. MUST be Medically Necessary. | |
| SALES TAX on any Major Purchases (i.e. Over \$1,000.00) | |
| REAL ESTATE TAXES | |
| HOME MORTGAGE INTEREST | |
| PRIVATE MORTGAGE INSURANCE | |
| DMV REGISTRATION: NOT including Parking tickets -- See your Vehicle Registration Renewal Notice | |
| CHARITABLE CONTRIBUTIONS: BY CASH, CHECK or CREDIT (Include Info Below) | |
| CHARITABLE CONTRIBUTIONS: GOODS (i.e. Clothing Furniture, Toys, etc.) If Amount exceeds \$500 List Charity(s) bring Documentation to validate contributions | |
| TAX PREPARATION FEES (What did you pay for tax preparation services LAST YEAR?) | |
| INVESTMENT EXPENSES & CERTAIN LEGAL FEES for Business Purposes | |
| MISC DEDUCTIONS i.e. Gambling losses, only to the extent of gambling winnings | |

| WRITE NAME OF CHARITY | AMOUNTS | DATES |
|-----------------------|---------|-------|
| | | |
| | | |
| | | |
| | | |

| DESCRIPTION | | Your Expenses | Spouses Expenses | Leave Empty |
|-------------|--|---------------|------------------|-------------|
| C-8 | ADVERTISING & PUBLICITY (Headshots, Business cards, Postcards, Ads, Website Costs, Costs to produce / duplicate audition Tape/Reel, Voice Over, etc) | | | |
| | GIFTS FOR BUSINESS (Individual Gift amounts are still limited to \$25 Per Person Per Year) | | | |
| C-10 | AGENTS' COMMISSION & MANAGERS' FEES | | | |
| | CASTING REGISTRIES (i.e. IMDB, Actor's Access, etc.) and/or THEATER CO.DUES | | | |
| C-18 | OFFICE SUPPLIES / INK CARTRIDGES / PAPER / POSTAGE | | | |
| C-20B | STUDIO RENTAL / RENT OF BUSINESS PROPERTY | | | |
| C-21 | REPAIRS AND MAINTENANCE OF EQUIPMENT | | | |
| | MAINTENANCE OF PROFESSIONAL COSTUMES (NOT General Street Wear) | | | |
| C-22 | PURCHASE OF PROFESSIONAL COSTUMES (Doctor, Nurse, Police, Clown, etc., Not General Street Wear or Evening Wear) | | | |
| | MAKE-UP, HAIR CARE & NAILS – Professional Supplies Tied to Work ONLY NOT GENERAL STREET USE i.e. Photo Sessions, Specific Job Requirements There is No "Maintenance Expense" or Everyday Usage deduction Allowed | | | |
| | SUPPLIES FOR RESEARCH (Props, Sheet Music, Books, Tapes, Scripts, etc.) | | | |
| C-25 | CALLING SERVICE (for Background Actors) / ANSWERING SERVICE | | | |
| C-27 | COACHING LESSONS (Acting Classes, Dance Classes, Casting Director Workshops, etc.) | | | |
| | TRADE PUBLICATIONS (Backstage, Hollywood Reporter, Variety, etc.) | | | |
| | AUDITION EXPENSE & ACCOMPANIST (Audition costs, Sides, etc.) | | | |
| NOC | UNION DUES & INITIATION FEES (Include 2% AEA Dues) | | | |
| | PASSPORT FEES or OTHER EXPENSE | | | |
| | <u>Please SUB Total Above</u> (Even if you aren't sure of your entries) | | | |
| | DO YOU HAVE A HOME TELEPHONE? Y/N Total of Business Calls Only, Call Waiting | | | |
| | FAX LINE or Second HOME Line — If Installed / Used for Business Purposes – ALL costs | | | |
| | CELL PHONE – Please list your ENTIRE Expense | | | |
| | INTERNET / DSL Costs / AOL – Please list your ENTIRE Expense | | | |
| | CABLE, SATELLITE, TIVO -- Again, For EDUCATIONAL PURPOSES ONLY MUST be Documented- (See FAQs) | | | |
| | RESEARCH / VIEWING Expenses/Tickets— For EDUCATIONAL PURPOSES ONLY MUST be Documented- (See FAQs) Theater, Movies, NETFlix, Redbox, Hulu, Amazon Prime | | | |
| | | | | |

INDEPENDENT or SELF-EMPLOYED BUSINESS AND NON-ACTING RELATED EXPENSES

If you are not a performer or you have any sideline businesses then you should use this form to list your expenses. If this income is non-employee income (untaxed and not reported to you on a W-2) then you are considered in business for yourself and must report this income whether you receive a 1099-MISC or not. You should keep expenses separate for each different business.

| Schedule C Business Name or Type | | | |
|---|------------|------------|------------|
| | Business 1 | Business 2 | Business 3 |
| INCOME YOU RECEIVED NOT reported on a 1099 | \$ | \$ | \$ |
| 8 Advertising and Business Gifts | | | |
| 9 Car & Truck Expenses (Gas, Insurance, Repairs) | | | |
| <i>TOTAL Miles</i> | | | |
| <i>BUSINESS Miles for THIS Occupation</i> | | | |
| 10 Commissions & Fees | | | |
| 11 Contract Labor You Paid Out | | | |
| 13 Equipment for Depreciation (Fill out Page 7) | | | |
| 15 Insurance | | | |
| 17 Legal & Professional Services | | | |
| 18 Office Expenses | | | |
| 20a Equipment Lease | | | |
| 20b Property Rent or Lease | | | |
| 21 Repairs & Maintenance | | | |
| 22 Supplies | | | |
| 23 Tax & Licenses | | | |
| 24a Meals & Entertainment | | | |
| 25 Utilities | | | |
| 26 Wages Paid | | | |
| 27 Landline/Fax Line | | | |
| 27 Cell Phone | | | |
| 27 Internet | | | |
| OTHER | | | |
| OTHER | | | |
| OTHER | | | |
| OTHER | | | |
| OTHER | | | |

EQUIPMENT EXPENSE (LARGER PURCHASES ONLY, i.e. TV's, CAMERAS, COMPUTERS, ETC.)

In general, **please don't list anything which costs less than \$200** as these expenses should be included under "Supplies" on page 5 or Page 6; **JUST LIST MAJOR EQUIPMENT YOU PURCHASED AND USED FOR BUSINESS.** The IRS also expects you to determine what **Percentage of Use** of that equipment you employ **Specifically** for business. This would be true for any equipment purchased that have applications in your life outside your performing profession, i.e. Camcorders, Televisions, etc.

| ITEM DESCRIPTION | PURCHASE DATE | COST | TIMES | % BUSINESS USE | NET WRITE OFF |
|------------------|---------------|------|-------|----------------|---------------|
| | | | X | | = |
| | | | X | | = |
| | | | X | | = |
| | | | X | | = |
| | | | X | | = |
| | | | X | | = |

If there are any expenses of which you are not sure where to place them in, please notate them below so we can discuss them during the preparation. This is the *"I Don't Know Where It Goes Area."*

| ITEM DESCRIPTION | DATE OF PURCHASE | AMOUNT |
|------------------|------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

OFFICE IN THE HOME

Do you have a space in your home that you do NOT use for anything other than business, i.e. Administration, billing, seeing clients, or storing business materials)?

| | |
|--|--|
| TOTAL SQUARE FOOTAGE OF YOUR RESIDENCE | |
| TOTAL SQUARE FOOTAGE OF THE OFFICE SPACE | |
| TOTAL RENT PAID FOR THE YEAR | |
| TOTAL OF ALL UTILITIES FOR THE YEAR | |
| OTHER EXPENSES SPECIFIC TO THE OFFICE | |

CAR EXPENSES**ALL FIELDS MUST BE FILLED IN**

| YEAR, MAKE, MODEL | CAR 1 | CAR 2 |
|---|--------------|--------------|
| DATE VEHICLE PLACED IN SERVICE (i.e. Started acting 2 yrs ago on June 15th then the entry would be 6-15-15) | | |
| ODOMETER READINGS AS OF JAN. 1ST: _____ DEC. 31st or CURRENT: _____ | | |
| TOTAL MILES DRIVEN IN 2017 (Jan 1- Dec 31, 2017) | | |
| BUSINESS MILES (Interviews, Agents, Job Search, When you are NOT getting PAID) | | |
| COMMUTING MILES (Miles Driving to Work and Back when you ARE getting paid). Please have the daily round-trip mileage to your "regular" job available. | | |
| TRANSPORTATION EXPENSES (Uber, Lyft, Cab, Trains, Bus Fare for WORK) NOT PERSONAL That did not involve overnight or commuting to and from work) | \$ | \$ |
| MILES FOR MEDICAL PURPOSES (To and from Doctor, Treatments, etc.) | | |
| MILES FOR CHARITABLE PURPOSES (To and From Volunteer Work) | | |
| PARKING FEES for pursuit of business (DO NOT include parking for regular jobs) | \$ | \$ |

YOU ARE ALLOWED TO WRITE OFF THE BUSINESS USE OF YOUR CAR, i.e. Business Miles above. Any miles you drive in pursuit of your career or business are considered BUSINESS MILES. If you are an actor these would include Auditions, Classes, Rehearsals, Agent/Manager meetings, Shooting Headshots, Office Supplies, Post Office, etc. If the item or activity is deductible, then the mileage you drive for that activity is deductible.

Anyone who has ever been AUDITED is a big believer in documenting their business mileage. You can use a phone app, or write it down in a logbook format. You can buy a mileage log at any office supply store or ask Jordana in our office for her version of a mileage log. You should always back up your phone app or log your entries in a permanent manner. The IRS loves layers of proof.

We will also need an idea of what you may consider your Commuting Miles. These are normally the miles you drive to work and back, generally for your every day job. If you don't have a "day" job, then let us know and we will work that out with you. Whatever mileage you have remaining is personal mileage and remember—everyone has personal miles they drive in their car.

Please Fill In Below Information if you Bought or Leased your Auto in the Last Five Years

| ACTUAL VEHICLE EXPENSES | CAR 1 | CAR 2 |
|---|--------------|--------------|
| GASOLINE, OIL, REPAIRS, INSURANCE, ETC. | | |
| RENTAL CARS / TRUCKS | | |
| PRICE OF CAR (If purchased / leased within last five years) | | |
| DATE OF PURCHASE / LEASE | | |
| LEASE AGREEMENT PAYMENTS (NOT Auto Purchase payments) | | |
| INITIAL PAYMENT PUT DOWN ON LEASE _____ Year Leased _____ | | |

Did you buy/lease a NEW car last year? Please bring in the sales agreement.

OUT of Town INTERVIEW & JOB Expenses

| Trip # | Employer & Purpose | Dates (Date Left & Returned) | # of Days for Business | Destination |
|--------|--------------------|------------------------------|------------------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

**Place Total
Travel Expenses
Here**

(Do NOT include Meals)

\$

**Total Travel
MEAL Expenses
Here**

\$

Please Transfer this
amount to line on Page 10

| Expenses | Trip 1 | Trip 2 | Trip 3 | Trip 4 | Trip 5 | Trip 6 | Trip 7 | Trip 8 |
|---------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Travel Fares Air, Train, Bus | | | | | | | | |
| Lodging Expense Hotels, Motels, Tents | | | | | | | | |
| Local Transportation | | | | | | | | |
| Cabs, Bus, Limos, Parkinig, etc | | | | | | | | |
| AUTO RENTAL plus Gasoline / Repairs | | | | | | | | |
| Telephone | | | | | | | | |
| Passport Fees | | | | | | | | |
| Laundry & Tips | | | | | | | | |
| TOTAL EXPENSES | | | | | | | | |
| MEALS | | | | | | | | |
| Actual Expenses | | | | | | | | |
| Standard Allowance (See Page 10) | | | | | | | | |
| Amount of per diem received | | | | | | | | |

ENTERTAINMENT FOR BUSINESS

(IN Town Events, Business Lunches / Dinners, etc.)

Although we do not expect you to write the information down for every entertainment event you are deducting here, you must be able to offer the following information to substantiate your expenses. This information should be kept in your expenses log or diary accompanied by proper records or receipts with the information written on the back.

You **MUST** have the following information for every event. If there is insufficient room on this form—just place the total expense figures here.

| NAME (Person Entertained) | DATE | BUSINESS PURPOSE | LOCATION | AMOUNT |
|---------------------------|------|------------------|----------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL AMOUNT | | | | |

ADD: OUT OF TOWN MEAL EXPENSES (From Page 9) _____

TOTAL MEAL EXPENSES

Per Diem / Travel Meals / Business Meetings:

For **IN TOWN** expenses you must be able to prove your expenses listed above (with your receipts) and be able to provide the information we have indicated above.

For Travel or **OUT OF TOWN** meal costs, the IRS Standard Meal Allowance for 2017 throughout the country varies from \$51 per day in smaller cities to as much as \$74 per day in major cities. These allowances are for ALL meals and tips per day. If you believe that your ACTUAL expenses exceed this amount, then you should be prepared to prove it in an audit with your travel records and receipts.

We have the IRS standard meal allowances in our office but If you are audited, you'll have to prove where you traveled and how many days you spent there (include travel days in your total) to validate the expense.

For any Travel Expense greater than \$75, you **MUST** have a receipt (expenses less than \$75 can be hand written in your book), but you must **ALWAYS** have a receipt for any amount of Lodging Expense.

The Policy of California Tax Education Council (CTEC)

This is being presented so that you are aware of the Tax Preparer Code of Conduct and Responsibilities established by the California Tax Education Council.

Background: In 1996 the California Legislature passed the Tax Preparers Act, Business and Professions Code 22250-22259, which regulates tax preparers. Those sections of the statute pertaining to tax preparer ethics, professional conduct, conduct regarding bonding and penalties for breaking the law are listed below.

A tax preparer is defined as *“a person who, for a fee, assists with or prepares tax returns for another person or who assumes final responsibility for completed work on a return on which preliminary work has been done by another person, or who holds himself or herself out as offering those services.”*

A tax return is defined as *“a return, declaration, statement, refund claim, or other document required to be made or filed in connection with state or federal income taxes or state bank and corporation franchise taxes.”*

When a person prepares a tax return, for a fee, without the appropriate lawful designation, he or she could be cited and fined up to \$5,000 for each illegally prepared tax return. According to California Business and Professions Code 22253.2, the Franchise Tax Board may notify the California Tax Education Council when it identifies an individual who has violated the law. The Franchise Tax Board pursuant to an agreement with the California Tax Education Council, may do any of the following: (1) Cite individuals preparing tax returns in violation of subdivision (a) Section 22253. (2) Levy a fine of up to five thousand dollars (\$5,000) per violation. (3) Issue a cease and desist order, which shall remain in effect until the individual has come into compliance with the provisions of paragraph (1) of subdivision (a) of Section 22253.

CTEC Registered Tax Preparers (CRTPs):

- Must register as a tax preparer with the California Tax Education Council (CTEC).
- Must maintain a \$5,000 Tax Preparer Bond issued by a surety company admitted to do business in California. A tax preparer shall provide to the surety company proof that he or she is at least 18 years of age before a bond can be issued.
- Must not conduct business without having a current surety bond in effect.
- Must furnish evidence of a current bond upon the request of any state or federal agency or law enforcement agency.
- **Must, prior to rendering any tax preparation services, provide the customer, in writing, with the tax preparer’s name, address, telephone number, and evidence of compliance with the bonding requirement. (As noted opposite.)**

Our Address and Phone number is:

14120 Magnolia Blvd., Sherman Oaks CA 91423 818 769-2291

The registered CTEC number indicates we are in compliance with the regulations. Feel free to go on line and check us out at www.ctec.org.

| PREPARER NAME | BOND WITH | CTEC NUMBER |
|---------------------|-----------------------|-----------------|
| Chuck Sloan | Financial Pacific | Enrolled Agent |
| Tricia Lee Pascoe | Financial Pacific | CTEC #: A104503 |
| Joe Howard | Financial Pacific | CTEC #: A036114 |
| Lamont Dixon | HCC Surety Group | CTEC #: A142498 |
| Marta Sullivan | Western Surety | C.P.A. |
| Stephanie Griffin | Financial Pacific | Enrolled Agent |
| Ronnie Steadman | Western Surety | CTEC #: A146953 |
| Michael Campbell | South Coast Surety | CTEC #: A144437 |
| Jordana Capra | Merchants Bonding Co. | CTEC #: A237088 |
| Lindsay Thompson | Merchants Bonding Co. | Enrolled Agent |
| Brice Williams | Merchants Bonding Co. | CTEC #: A258129 |
| Daphne McVay | Merchants Bonding Co. | CTEC #: A276143 |
| Ryan Shaughnessy | Merchants Bonding Co. | CTEC #: A289681 |
| Melissa Graver | Merchants Bonding Co. | CTEC #: A298555 |
| Dominic Comperatore | Western Surety | CTEC #: A149390 |

Registered: Registered status indicates the individual has completed the annual registration requirements by completing the required education and maintaining a \$5,000 tax preparer bond. Registered individuals are compliant with the California Business & Professions Code, Section 22250-22259, and are able to prepare taxes for a fee in California.

- Must not violate provisions of Sections 17530.5 or 7216 of Title 26 of the United States Code prohibiting tax preparers from disclosing any information obtained in the business of preparing federal or state income tax returns unless (1) consented to, in writing, by the taxpayer in a separate document; (2) expressly authorized by law; (3) necessary for the preparation of the return; and, (4) pursuant to court order.
- Must not fail to sign a customer’s tax return when payment for services rendered has been made.
- Must not fail to return, upon the demand by or on behalf of a customer, records or other data provided to the tax preparer by the customer.
- Must complete, on an annual basis, not less than 20 hours of continuing education from an approved curriculum provider (10 hours federal tax law, 2 hours ethics, 3 hours federal tax update and 5 hours California).

Pre-Appointment Check List:

Items you will need to complete your Taxes — To be kept with your copy of this year’s tax returns.

BRING ALL OF THE ITEMS if applicable.

| | YES | NO |
|--|-----|----|
| Last Year’s Tax Return (NOT required if we did your 2016 taxes) | | |
| 2017 W-2 Forms | | |
| 1099-MISC for NON employee work | | |
| Total of ALL CASH Income (includes Checks, Credit, Paypal) * | | |
| 1099-INT Statements of Interest Income | | |
| 1095-A (or B) for HealthCare Payments | | |
| 1099-DIV Statements of Dividends & Distributions | | |
| 1099-B Sale of Stocks/Bonds (And value information) ** | | |
| 1099-G for State Tax Refund | | |
| 1099-G for Unemployment Income | | |
| 1099-K Receipts from Credit Card Transactions | | |
| 1099-R IRA Distribution | | |
| 1099-R Pension Distribution | | |
| K-1s from Ownership in Partnerships or Corporations | | |
| SSA 1099 Social Security Tax Benefits | | |
| W-2G Gambling Winnings | | |
| Other Income: Gambling, prize winnings, jury duty | | |
| Alimony INCOME | | |
| Interest Payments and Taxes Paid on Home | | |
| IRA / Health Savings Account Contribution Information | | |
| 1098-E Student Loan Interest | | |
| Child Care Expense Information *** | | |
| Education Expenses | | |
| 1098 Mortgage Interest | | |
| DMV REGISTRATION RENEWAL NOTICE (Bill for car registration) | | |
| Closing Statements if you Bought or Sold property | | |

- ↓
- * **CASH income** means any NON-W-2 or 1099 income you received for work, i.e. Print Work, Equity Waiver or income from other NON Acting business.
 - ** If you **SOLD STOCK** you must be sure you also have the **Original DATE of PURCHASE** and the **AMOUNT you originally paid.**
 - *** **If you have Child Care Expenses** make sure you have the address, phone number and Federal I.D. number of provider.

WARNING: Because performers are usually employed by more than one company throughout the year, make certain that you have compared your check stubs against the W-2’s and 1099’s mailed to you and have ALL the Tax forms you should be receiving BEFORE making an appointment.

- * If you have moved, changed a mailing address or have had W-2’s going to your agent, you should contact the employer to confirm you will receive them at the correct address. Be sure all of your employers (Past/ Present) have the new address--*Not just the Union(s)*. Amending your return costs you time and money!
- * The amounts on the W-2s and 1099s can be wrong -- ALWAYS check against your pay stubs to be sure!

Even though companies are supposed to have all of your W-2s and 1099s mailed by January 31st, they don't always comply and it isn't their job to make sure you receive them at the correct address. However, you can bet that the IRS WILL receive their copy, and if you don't report that income the IRS will be sure to find you and let you know.

Chuck Sloan
 Lamont Dixon
 Joe Howard
 Ryan Shaughnessy
 Lindsay Thompson

Michael Campbell
 Melissa Garver
 Daphne McVay
 Ronnie Steadman

Jordana Capra
 Stephanie Griffin
 Tricia Lee Pascoe
 Marta Sullivan
 Brice Williams

ENGAGEMENT OF SERVICES AGREEMENT

Client Name (s) _____ Date _____

This letter is to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide.

We will prepare your Federal Income tax return and income tax returns for the states of _____, with supporting schedules, and perform related research as considered necessary (herein after known collectively as the “returns”).

This engagement pertains only to the tax year _____, and our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. A similar letter/contract will be issued and signed for any other tax years wherein you choose to engage this firm. Our engagement will be complete upon the delivery of the completed returns to you. Thereafter, unless the process of electronic filing is appropriate, you will be solely responsible to file the returns with the appropriate taxing authorities.

We will furnish you with our tax packet to guide you in gathering and understanding the necessary information required for your tax preparation. Your thorough completion and use of these forms provide for the most accurate return and assist us in keeping our fees to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will not audit or otherwise verify the data you submit. Accordingly, our engagement cannot be relied upon to disclose errors, fraud or other illegal acts that may exist in the information you have provided.

In addition to the information you have placed in the packet, or other papers you may provide, you further acknowledge that to the best of your knowledge and belief during the interview/preparation process you have provided accurate, complete and full disclosure in your answers to any and all questions regarding income, expenses, deductions and exemptions in an effort to ensure that your return is prepared accurately.

To the extent we render any accounting and/or bookkeeping assistance, it will be limited to those tasks we deem necessary for the preparation of the returns and may lead to additional costs. Therefore, your commitment is essential to our ability to complete this engagement. Specifically, we must receive comprehensive information from which to prepare your returns within a reasonable period of time.

If, during our work, we discover information that affects your prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue.

It is always possible your returns may be selected for review (audit) by one or more taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such tax examination(s), we will be available upon your written request to represent you during the examination and/or during any appeal for an additional fee.

You should retain all the documents, receipts, records, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

