VOLUNTEER INCOME TAX ASSISTANCE

The Volunteer Income Tax Assistance Program (VITA) is temporarily closed, but we hope to reopen before the filing deadline. For more information on filing your taxes in 2022, please see below.

Although the NY VITA office remains temporarily closed, the volunteers are gearing up to serve members again this year. Visit the website for updates as we learn more.

New York Office Location

165 West 46th St - 14th Floor
New York, NY 10036

VITA Worksheets are available for download here in the VITA section of the member portal. These worksheets, which comply with IRS law, are required and must be completed before an appointment.

Headed by Site Coordinator, Mike Lesser, and Tax Director & Equity Secretary-Treasurer Sandra Karas, VITA is the largest IRS-sponsored tax assistance program in the country specializing in performers' tax returns. The program prepares thousands of complex federal, state and local tax returns for members. A number of volunteers (many of whom are members) assist throughout tax season.

PLEASE NOTE: VITA will prepare tax returns for those members who earn $100,000 or less (Single) or $200,000 or less (Married) and will prepare returns for members whose incomes are from Wages, Interest, Dividends, Unemployment, Pensions/Retirement, Social Security, Investments, 1099-NEC Independent Contractor fees, Alimony, Jury Pay, Election Poll Worker and Prize winnings. NEW FOR THIS YEAR: Bring your Notice 1444 C- Economic Recovery Payment and IRS Letter 6419 if you have a child(ren) and received Advanced Child Tax Credit payments.

VITA serves paid-up members by appointment, based on the number of volunteers available. For information on making appointments and VITA reopening in accordance with CDC Guidelines, follow this website for updates and scheduling.

IMPORTANT: Services will be provided only to those members who bring a paid-up Union card, a current driver's license or state issued photo ID (front and back), and the Social Security card (or copy) for every person listed on the tax return, along with the completed IRS and VITA worksheets.

Form **13614-C** (October 2021)

Department of the Treasury - Internal Revenue Service

Intake/Interview & Quality Review Sheet

OMB Number 1545-1964

You will need:
- **Tax Information such as Forms W-2, 1099, 1098, 1095.**
- **Social security cards or ITIN letters for all persons on your tax return.**
- **Picture ID (such as valid driver's license) for you and your spouse.**

- **Please complete pages 1-4 of this form.**
- **You are responsible for the information on your return. Please provide complete and accurate information.**
- **If you have questions, please ask the IRS-certified volunteer preparer.**

Volunteers are trained to provide high quality service and uphold the highest ethical standards.
To report unethical behavior to the IRS, email us at wi.voltax@irs.gov

Part I – Your Personal Information *(If you are filing a joint return, enter your names in the same order as last year's return)*

1. Your first name	M.I.	Last name	Best contact number	Are you a U.S. citizen? ☐ Yes ☐ No
2. Your spouse's first name	M.I.	Last name	Best contact number	Is your spouse a U.S. citizen? ☐ Yes ☐ No
3. Mailing address	Apt #	City	State	ZIP code

4. Your Date of Birth	5. Your job title	6. Last year, were you: a. Full-time student ☐ Yes ☐ No; b. Totally and permanently disabled ☐ Yes ☐ No; c. Legally blind ☐ Yes ☐ No
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse: a. Full-time student ☐ Yes ☐ No; b. Totally and permanently disabled ☐ Yes ☐ No; c. Legally blind ☐ Yes ☐ No

10. Can anyone claim you or your spouse as a dependent? ☐ Yes ☐ No ☐ Unsure

11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? ☐ Yes ☐ No

12. Provide an email address *(optional) (this email address will not be used for contacts from the Internal Revenue Service)*

Part II – Marital Status and Household Information

1. As of December 31, 2021, what was your marital status?

☐ Never Married

☐ Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
- a. If Yes, Did you get married in 2021? ☐ Yes ☐ No
- b. Did you live with your spouse during any part of the last six months of 2021? ☐ Yes ☐ No

☐ Divorced — Date of final decree ____________

☐ Legally Separated — Date of separate maintenance decree ____________

☐ Widowed — Year of spouse's death ____________

2. List the names below of:
- **everyone** who lived with you last year *(other than your spouse)*
- **anyone** you supported but did not live with you last year

If additional space is needed check here ☐ and list on page 3

									To be completed by a Certified Volunteer Preparer				
Name *(first, last)* Do not enter your name or spouse's name below (a)	Date of Birth *(mm/dd/yy)* (b)	Relationship to you *(for example: son, daughter, parent, none, etc)* (c)	Number of months lived in your home last year (d)	US Citizen *(yes/no)* (e)	Resident of US, Canada, or Mexico last year *(yes/no)* (f)	Single or Married as of 12/31/21 *(S/M)* (g)	Full-time Student last year *(yes/no)* (h)	Totally and Permanently Disabled *(yes/no)* (i)	Is this person a qualifying child/relative of any other person? *(yes/no)*	Did this person provide more than 50% of his/her own support? *(yes,no,n/a)*	Did this person have less than $4,300 of income? *(yes,no,n/a)*	Did the taxpayer(s) provide more than 50% of support for this person? *(yes/no/n/a)*	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? *(yes/no)*

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You *(or Your Spouse)* Receive
☐	☐	☐	1. (B) Wages or Salary? (Form W-2) **If yes, how many jobs did you have last year?** ______
☐	☐	☐	2. (A) Tip Income?
☐	☐	☐	3. (B) Scholarships? (Forms W-2, 1098-T)
☐	☐	☐	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☐	☐	5. (B) Refund of state/local income taxes? (Form 1099-G)
☐	☐	☐	6. (B) Alimony income or separate maintenance payments?
☐	☐	☐	7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
☐	☐	☐	8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
☐	☐	☐	9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S,1099-B)
☐	☐	☐	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
☐	☐	☐	11. (A) Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)
☐	☐	☐	12. (B) Unemployment Compensation? (Form 1099G)
☐	☐	☐	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
☐	☐	☐	14. (M) Income (or loss) from Rental Property?
☐	☐	☐	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, etc.)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You *(or Your Spouse)* Pay
☐	☐	☐	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☐	☐	2. Contributions or repayments to a retirement account? ☐ IRA (A) ☐ 401K (B) ☐ Roth IRA (B) ☐ Other
☐	☐	☐	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
☐	☐	☐	4. Any of the following? ☐ (A) Medical & Dental (including insurance premiums) ☐ (A) Mortgage Interest (Form 1098) ☐ (A) Taxes (State, Real Estate, Personal Property, Sales) ☐ (B) Charitable Contributions
☐	☐	☐	5. (B) Child or dependent care expenses such as daycare?
☐	☐	☐	6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
☐	☐	☐	7. (A) Expenses related to self-employment income or any other income you received?
☐	☐	☐	8. (B) Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You *(or Your Spouse)*
☐	☐	☐	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
☐	☐	☐	2. (A) Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
☐	☐	☐	3. (A) Adopt a child?
☐	☐	☐	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? ______
☐	☐	☐	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
☐	☐	☐	6. (A) Receive the First Time Homebuyers Credit in 2008?
☐	☐	☐	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? ______
☐	☐	☐	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
☐	☐	☐	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
☐	☐	☐	10. (B) Receive an Economic Impact Payment (stimulus) in 2021?
☐	☐	☐	11. (B) Receive Advanced Child Tax Credit payments?

Additional Information and Questions Related to the Preparation of Your Return

1. Would you like to receive written communications from the IRS in a language other than English? ☐ Yes ☐ No If yes, which language? ______
2. Presidential Election Campaign Fund *(If you check a box, your tax or refund will not change)*
   Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse
3. If you are due a refund, would you like: a. Direct deposit ☐ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☐ No c. To split your refund between different accounts ☐ Yes ☐ No
4. If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☐ No
5. Did you live in an area that was declared a Federal disaster area? ☐ Yes ☐ No If yes, where? ______
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? ☐ Yes ☐ No

Many free tax preparation sites operate by receiving grant money or other federal financial assistance. The data from the following questions may be used by this site to apply for these grants or to support continued receipt of financial funding . Your answer will be used only for statistical purposes. These questions are optional.

7. Would you say you can carry on a conversation in English, both understanding & speaking? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
8. Would you say you can read a newspaper or book in English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Prefer not to answer
9. Do you or any member of your household have a disability? ☐ Yes ☐ No ☐ Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to answer
11. Your race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
12. Your spouse's race?
    ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer not to answer
    ☐ No spouse
13. Your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer
14. Your spouse's ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer ☐ No spouse

Additional comments

______

______

______

______

______

______

______

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224

Form **15080**
(October 2021)

Department of the Treasury - Internal Revenue Service

Consent to Disclose Tax Return Information to VITA/TCE Tax Preparation Sites

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Terms:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software, to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year. This consent is valid through November 30, 2023.

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return. This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return. The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year that uses TaxSlayer.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 30, 2023). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I/we will deny consent.

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Consent:

I/we, the taxpayer, have read the above information.

I/we hereby consent to the disclosure of tax return information described in the Global Carry Forward terms above and allow the tax return preparer to enter a PIN in the tax preparation software on my behalf to verify that I/we consent to the terms of this disclosure.

Primary taxpayer printed name and signature	Date
Secondary taxpayer printed name and signature	Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

VITA - VOLUNTEER INCOME TAX ASSISTANCE 2021

This is a free tax service for paid-up members of AEA and SAG-AFTRA.
It is supported by the AEA and SAG-AFTRA Foundations & sponsored by the Internal Revenue Service (IRS).

VITA IS OBSERVING CDC COVID PROTOCOLS

You must wear a mask, show your vaccine card OR a negative Covid test within 48-hrs.

The VITA office is open from 9:00 am – 5:00 pm, Thursdays and Fridays only.

Equity Building, 165 West 46th Street, 14th Floor – Telephone 212-921-2548

PLEASE READ AND SIGN THIS FORM

► **You will NOT be seen unless you have the following:**

1. Three (3) Pieces of ID (Copies of each are acceptable.): Paid-Up Union Card for union members, and front and back of Current Driver's License or State ID, Social Security Card(s) for all persons whose names appear on the tax returns.
2. Last year's federal and state tax returns, if you did not have them prepared in the NY VITA office.
3. The VITA worksheets COMPLETED (call the office or stop in with any questions).
4. W-2s, 1099s and other statements sent by employers, banks, credit unions, other states, brokerages, and any other information, including your own records.
5. Your 1095-A Form if you purchased health insurance through the Marketplace.

► **We will provide assistance to those whose total incomes are within the following limits:** Less than $100,000 for single filers and less than $200,000 for married joint filers. VITA is dedicated to serve low-income and middle-income members. ***(See page 3 for the total income worksheet.)***

► **The Volunteers who assist you are not paid and are not on staff at any of the Unions**. This VITA office is supported in part by contributions from the Foundations of AEA and SAG-AFTRA to assist its members. Actors' Equity Association generously provides our office space and IT assistance.

► **VITA may only file returns that reflect honest and accurate accounts** and may not assist in the filing of fraudulent or dishonest tax returns. VITA is an IRS program and must adhere to strict rules governing accuracy and fairness. Therefore, we must require your cooperation in not requesting special treatment (you may not choose who prepares your returns) and by providing us with accurate information (**deductions must be actual expenses**).

► **Neither the Volunteers nor their sponsoring unions receive remuneration for the assistance you are receiving**. The Volunteers are NOT LEGALLY LIABLE FOR THE RETURNS IN ANY WAY. Responsibility for the accuracy and completeness rests solely with the person(s) filing the returns. Should the return(s) be audited by the IRS or any state agency, there is no guarantee that the Volunteer who assisted in the preparation will be available to help. By participating in this program, you agree to allow VITA to retain your personal information.

I understand and agree to the above information.
I have all of the required documents listed above.

____
Sign your name   Date

 CONTINUE TO PAGE 2

VOLUNTEER INCOME TAX ASSISTANCE **2021**

Information Checklist

Name____________________Email:________________________

Please bring the following tax information, including all statements and documents – including your own records – pertaining to these items. Don't forget your bank information (below) as we need to confirm it.

INCOME

- **W-2 Forms** (bring all W-2s & complete W-2 worksheet)
- **1099 Income Forms**:

  1099-INT-Interest (under $10-bring year-end stmt.)

  1099-DIV-Dividends (under $10-bring year-end stmt.)

  1099-G - Unemployment Compensation and State Tax Refunds (if NY, your own records)

  1099-B - Sale of Stock/Mutual Funds (must have original purchase, date, cost, and sale information)

  1099-MISC – Royalty Income

  1099-NEC – Self-Employment, Independent Contractor and Freelance Earnings (both performing and non-performing income)

  1099-R - Pension/Retirement Earned

  1099-SSA - Social Security

- NEW FORMS
  1. **Notice 1444 C– Economic Impact Pmt.**
  Bring the form and answer the following:
  How much did you receive in your payment? $______
  2. IRS Letter 6419 - Advanced Child Tax Credit
  Bring Letter and Amount $___________

- **Alimony Received** (not child support)
- **Prize Winnings, Lotto, Jury Pay, Election Pay, etc**.
- **Scholarships, Awards, Honoraria**
- **ALL OTHER INCOME: whether reported on these forms or not – Bring it with you.**

YOU MUST COMPLETE THE TOTAL INCOME WORKSHEET - SEE PG 3

- **Direct Deposit or Debit** – Blank Check **or**:

Routing #_______________ Acc't #__________________

Name of Bank_______________Checking ____ Savings ____

FILL IN THE ABOVE BANK INFORMATION, SO WE DON'T HAVE TO ASK FOR IT. THANKS.

DEDUCTIONS/EXPENSES

- **Medical Expenses**: (**Include ALL ACA Documents**)

  Med & Dental Insurance Premiums $_____________
  If on the Marketplace/ Exchange, **must** have 1095-A_____
  Long-Term Care Insurance Premiums $___________
  Med.Costs (co-pays,out-of-pocket, incl. transp.) $__________

- **Charitable Contributions** – Cash, Check, CC $_______
- **Charitable Contributions** - Goods Donated $_________
  (If over $500, bring name, EIN, address, date of donation and valuation of goods)
- **Mortgage Interest** (Form 1098) $________________
- **Real Property Taxes** (less Rebates) $_____________
- **Child or Dependent Care Costs** (Provider ID#, address)
- **Alimony Paid** (NOT child support - include SSN & name of Recipient) $_________
- **Retirement/ IRA/ Roth/ SEP Contributions** $_________
- **Total Annual Rent Paid** $___________
- **Business & Auto Expenses** (complete worksheets)
- **Travel Expenses** (complete worksheet)
- **Expenses Related to Investment Income** (bring stmt.)
- **College Tuition 1098-T/Student Loan Interest Pd**
- **Did you pay tax to any state when you filed your returns last year? If so, how much?** $__________
- **Estimated Fed & State Taxes Dates Paid & Amounts:**

	Date______	Date_______	Date_______	Date_______
Fed	1st $______	2nd $________	3rd $________	4th $________
State	1st $______	2nd $_______	3rd $_______	4th $_______

- **Extensions Paid** Fed $_________ State $_________

01/04/22 SK

Continue to Page 3

Volunteer Income Tax Assistance 2021

Total Gross Income Worksheet

Married Couples Use Separate Forms

Please note that, due to the complexity of the tax laws and the IRS limitations on VITA, we may not assist with the preparation of the following:

- Rental Income or Loss
- Foreign Earned Income (earnings outside the United States)
- Start-Up Business Ventures or Losses (Self-Produced projects for film, music, theatre, or Indiegogo, Fractured Atlas, GoFundMe, Kickstarter, Seed & Spark, and other crowd-funded sources)
- K-1 Income or Losses (reported from S Corporations, Partnerships (general or limited), Estates and Trusts
- Sales of Real Property (rental homes, personal residences, time-shares, etc.)
- Sales of Assets without Cost Basis
- Farm Income
- Cryptocurrency Sales (Bitcoin, Dogecoin, Stellar, Polkadot, etc.)

****

1. Total **Box 1** of **ALL W-2** Forms	$ ______________
2. Total **Box 1** of all 1099-INT - **Interest** (or year-end totals)	$ ______________
3. Total **Box 1a** of all 1099-DIV – **Dividends** (or year-end totals)	$ ______________
4. Total **Box 1** of all 1099-R **Pension/Retirement**	$ ______________
5. Total **Box 5** of 1099-SSA **Social Security**	$ ______________
6a. Total **Box 1 of all 1099-NEC – Performing and Non-Performing** Fee Income (*even if you did not receive a 1099*)	$ ______________
6b. Total **Boxes 2, and 3, of all 1099 Misc – Royalties and Other Income (***even if you did not receive a 1099***)**	$ ______________
7. Total **Box 1** of 1099-G – **Unemployment**	$ ______________
8. Total of **1099-B Proceeds** from Sales of Investments (Stocks, Bonds, Mutual Funds Sold - your brokerage statement has the total on it)	$ ______________
9. Total **Alimony** Received	$ ______________
10. Total **State Refunds** received in 2021 from prior year(s)	$ ______________
11. Total **Jury Duty, Election Pay, Gambling Winnings, Prizes**	$ ______________
TOTAL OF THE ABOVE INCOME ITEMS	**$ ________________**

If the above total exceeds $100,000 for Single filers or $200,000 for Married Joint filers, VITA may not prepare your tax returns this year.

CONTINUE TO PAGE 4

VOLUNTEER INCOME TAX ASSISTANCE 2021

W-2 FORMS WORKSHEET

NAME: ______________________________________ **(as it appears on your social security card)**

THIS FORM MUST BE COMPLETED ACCURATELY – Married Couples Use Separate Forms Please

TOTAL THE COLUMNS PLEASE!

EMPLOYER **W-2 Forms ONLY!**	**WAGES** **Box 1**	**FED. TAX WITHELD Box 2**	**SOC. SEC. WITHHELD Box 4**	**MEDICARE WITHHELD Box 6**	**NYS TAX WITHHELD Box 17**	**NYC TAX WITHHELD Box 19**	**TAX W/HELD BY OTHER STATE (List State) Box 17**	**TAX W/HELD BY OTHER CITY (List City) Box 19**	**SDI/UI/DI /FLI/PFL Box 14**
TOTALS									
MARRIED JOINT TOTALS									

CONTINUE TO PAGE 5

VOLUNTEER INCOME TAX ASSISTANCE 2021

PERFORMING ARTS PROFESSIONAL EXPENSES

NAME_________________________________ *(Married Use Separate Form)*

Use EXACT Amounts – Do Not Estimate

			√
• Accompanist and Audition Expense	$		
• Advertising and Publicity (website, photos, resume, Showfax, IMDb, Actors Access, etc.)	$		
• Agents Commissions and Managers Fees	$		
• Auto Expense (use Automobile Expenses worksheet)	Worksheet		
• Coaching/Classes and Lessons (voice, dance, acting, etc., No Gym Memberships)	$		
• Equipment/Business Software (provide details below)	XXXXXXXX		
• Gifts for Business (limited to $25 per recipient per year)	$		
• Internet and/or Streaming Services (business percentage only) Total $________ x ______% =	$		
• Make Up and Hair Care (only when working)	$		
• Office Supplies, Stationery & Postage	$		
• Rental of Studio Space and/or Equipment	$		
• Repairs and Maintenance (Equipment, Instruments, Warranty Contracts, etc.)	$		
• Research and Misc. Supplies (Sheet Music, Books, DVDs, Scripts, iTunes, Headphones, Apps, etc.)	$		
• Stage Manager Supplies (Kit, First Aid, Blacks, Tools, other SM's expenses)	$		
• Tax Preparation, Legal Fees, Professional Fees (business–related only)	$		
• Telephone (business-percentage only or 100% for 2nd Line) Total $__________ x __________% =	$		
• Tickets for Research (theatre, film, concert, dance, Netflix, only for yourself)	$		
• Tips and Gratuities (backstage, dressers, stage door personnel, etc.)	$		
• Trade Publications (Backstage, Variety, Performer Cues, Call Sheet, etc.)	$		
• Travel Expenses (use Out of Town worksheet – out of town airfare, lodging, etc.)	Worksheet		
• Transportation/Transit Seeking Employment (Public Transit, Taxi, Livery, Shuttle, etc.)	$		
• Union Dues & Initiation Fees (include AEA & SAG-AFTRA "working "dues)	$		
• Wardrobe and cleaning (costumes & specialized dancewear – No Streetwear)	$		
• Other	$		
• Other	$		
TOTAL OF EXPENSES LISTED ABOVE	**$**		
• Meals for Business - locally (receipts should indicate who, what, where, when & why)	$		
(Do not include out of town meals here – see Out of Town Expense Worksheet)			

EQUIPMENT EXPENSE

ITEM PURCHASED	DATE OF PURCHASE	COST OF ITEM Including Tax	PERCENT (%) OF USE FOR BUSINESS	DEDUCTIBLE AMT. (cost x bus. %)

CONTINUE ON TO PAGE 6

VOLUNTEER INCOME TAX ASSISTANCE **2021**

OUT OF TOWN EXPENSES

NAME________________________ *EXPENSES INCURRED WHILE WORKING OR LOOKING FOR WORK REQUIRING* ***OVERNIGHT*** *STAY*

(MARRIED – Use Separate Form)

EMPLOYER AND/OR OUT-OF-TOWN ADDRESSES WHERE YOU TRAVELED **(include city & state)**	DATES (FROM-TO)	# OF NIGHTS AWAY	How Much Per Diem Received?
(A)			$
(B)			$
(C)			$
(D)			$
(E)			$
(F)			$

	(A)	(B)	(C)	(D)	(E)	(F)
Travel to & from out-of-town job or job search * (air, train, bus)						
Lodging						
Tips and gratuities						
Laundry and dry cleaning						
Local transportation						
Auto rental for business *						
Rental Auto Gas, oil & repairs *						
Additional travel expense (Wi-Fi, fax, etc.)						
Other						
TOTAL EXPENSES (excluding meals)	**$**	**$**	**$**	**$**	**$**	**$**
MEALS (**preparer will take a standard allowance, but taxpayer should save restaurant or grocery receipts in the event of state audit**)						

*IF YOU USED YOUR OWN CAR, YOU MUST COMPLETE AN "AUTO EXPENSES" WORKSHEET.

CONTINUE TO PAGE 7 FOR AUTO WORKSHEET, if applicable

Volunteer Income Tax Assistance **2021**

AUTOMOBILE EXPENSES

(MARRIED – Use Separate Form) NAME _______________________

If you operated a motor vehicle – one that you owned or leased – for Business, Charitable Driving, Medical and Doctor Visits, please provide the following information.

If you are not sure what constitutes each of these categories, please discuss with a preparer before completing this form.

YOU MUST COMPLETE THE STARRED ***** ITEMS

NUMBERS MUST BE ACTUAL – DO NOT ESTIMATE

***Year, Make and Model of Car** ____________________

***Date Placed in Service** ____________________
(When did you start using it for business?)

***TOTAL MILES DRIVEN** ____________________Miles
(Total miles from January 1 through December 31)

***COMMUTING MILES** ____________________Miles
(Driving to and from work)

***BUSINESS MILES** ____________________Miles
(Looking for work locally or out of town, Working out of town overnight, Driving between two jobs on the same day, Going to a Class or Course, Doing Research)

CHARITABLE MILES ____________________Miles

MEDICAL MILES ____________________Miles

OTHER (Personal) ____________________Miles

Parking and Tolls

Business Parking & Tolls $________________

Medical Parking & Tolls $________________

Charitable Parking & Tolls $________________