Marta Sallinan, CPA

Tax Preparation 323-697-7387

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Welcome to the new tax season for 2021! My tax packet will be pared down, and instructions to get your returns done will be on the home page of my website. Always feel free to call or email if you have any questions, as almost everything about this year will be different from the past. I look forward to working with you, and hope to achieve a streamlined process, and I appreciate your input.

- ❖ Married Couples, please fill in <u>ONE</u> Tax Packet.
- ❖ I do <u>not</u> want to see your receipts. Signing the <u>Engagement of Services Agreement</u> (on the next pages) says that you added up, and can prove, your numbers.
- ❖ I do <u>not</u> want your spreadsheets. Transfer your numbers into the Tax Packet. I keep my prices low because you do the math.
- ❖ I do <u>not</u> want your check stubs. I <u>DO</u> want you to stack up your check stubs by payer, and make sure there's a W-2 or 1099 on top of each stack. This way you can get any missing tax documents BEFORE making your appointment.
- ❖ If you have an IRS IP PIN you MUST give that letter to me. You'll get a new one every year.
- Fill in this Tax Packet as early as possible if you want to take advantage of the lower price. As soon as you get ALL of your income, investment, interest and other tax documents, then you can make our appointment.
- You MUST be able to prove every number with receipts, not just bank statements.

ENGAGEMENT OF SERVICES AGREEMENT

Marta Sallinan, CPA

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| PRINT YOUR NAME(s): | | | DATE: | | | |
|---------------------------|-------------------------------|-------------------------|----------------------|------------|--|--|
| This letter is to confirm | our understanding of the term | s and objectives of our | engagement and the n | iature and | | |
| | · · | • | | | | |

This letter is to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services I will provide. Our engagement is limited in scope and will be confined to the procedures and practices as set forth herein:

I 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 ______.

My engagement will be complete upon the delivery of the completed returns to you, unless you notify me that you require further tax services including, but not limited to, amendments, audit representation, extensions, past year returns, and any and all other services related to your income tax returns which you request.

The fees for my primary services are per, and as specified in, the accompanying schedule, and services not specifically identified therein will also be based on an hourly rate of \$315 per hour or the scheduled rate I publish for that time frame of the current tax year. Your actual client fees incurred will be based on the complexity of your returns, and the time necessary to complete such services.

Based on what can be anticipated for your present expressed needs, I **estimate** that the fees you will pay to Marta Sullivan, CPA will range from \$300-\$1,215 (see attached fee schedule on next page) for preparing your Federal and any State income tax returns. This figure may change if more time and/or services other than written above prove to be needed, including services at a later date, such as preparing amendments and providing audit representation. If we anticipate our fees exceeding the aforementioned range, you will be presented the new fees in writing, so as to obtain your approval before continuing with the engagement.

Should my services for a given tax year extend for more than a one-year period, another Engagement of Services Agreement needs to be completed for each year of continuing work.

Please take special note that unless the processing of electronic filing is appropriate for your returns, you will be solely responsible to file any returns I prepare for you with the appropriate taxing authorities.

I will furnish you with my Tax Packet Worksheets to guide you in gathering and understanding the necessary information required for your tax preparation. Your thorough completion and use of these worksheets provide for the most accurate return, and assist me in keeping my fees to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. I will not audit or otherwise verify the data you submit. Accordingly, my engagement cannot be relied upon to disclose errors, fraud or other illegal acts that may exist in the information you have provided. You are responsible for adopting sound accounting policies, for maintaining an adequate and efficient accounting system for safeguarding assets, for authorizing transactions and retaining supporting documentation for those transactions and for devising an internal control system that will help assure the proper preparation of financial statements.

Understand that should you choose to file a return in arrears of the current tax year, or when an amended return is appropriate, a refund is only available to you for 3 years prior to the current tax year.

ENGAGEMENT OF SERVICES AGREEMENT continued

In addition to the information you have placed in the Tax 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 I render any accounting and/or bookkeeping assistance, it will be limited to those tasks I deem necessary for the preparation of the returns and may lead to additional costs. Therefore, your commitment is essential to my ability to complete this engagement. Specifically, I must receive comprehensive information from which to prepare your returns within a reasonable period of time.

If, during our work, I discover information that affects your prior-year tax returns, I will make you aware of the facts. However, I cannot be responsible for identifying all items that may affect your prior-year returns. If you become aware of such information during the year, please contact me 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 authority. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such tax examination(s), I will be available upon your written request to represent you during the examination and/or during any appeal for an additional hourly fee.

You should retain all the documents, receipts, records, canceled checks and other data that form the basis of income and deductions for at least Seven Years. 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 the returns and/or the e-file Signature Authorization Forms.

This engagement letter is contractual in nature, and includes all of the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

In acknowledgment and acceptance of these terms and considerations, and as client(s) of Marta Sullivan, CPA (I) (we) hereby enter (my) (our) signature(s).

| TAXPAYER SIGNATURE: _ | DATE: _ | |
|-----------------------|---------|--|
| | | |
| SPOUSE SIGNATURE: | DATE: _ | |

RATE SCHEDULE

Based on a 90-minute tax return

 February \$300
 Corporate

 March 1 – 15
 \$900

 \$360
 \$ingle March 10

\$420

Single Member LLC March 16 – 31 Add \$300

Additional States add
April – December \$50 per state

(and prior years) \$480

Addl time \$315 per hour charged in 15-minute pieces

A \$50 rescheduling fee will be charged for cancellations made within 24 hours.

PRE-APPOINTMENT CHECK LIST

Please bring, or present me with, ${f ALL}$ of your documents ${f AT~ONE~TIME}$.

yes / no:

| COMPLETELY FILLED IN TAX PACKET | |
|---|--|
| LAST YEAR'S TAX RETURN - ONLY IF I DIDN'T DO IT | |
| STACK UP YOUR CHECK STUBS. BE SURE YOU HAVE ALL OF YOUR W-2S | |
| STACK UP YOUR CHECK STUBS. BE SURE YOU HAVE ALL OF YOUR 1099S | |
| ALL CASH INCOME THAT YOU ARE SELF-REPORTING; VENMO, PAYPAL, PERSONAL CHECK, CREDIT CARD, ETC. | |
| BANK INTEREST AND DIVIDENDS – 1099-INT, 1099-DIV | |
| SALE OF STOCKS, BONDS, MUTUAL FUNDS, ETC. – 1099-B | |
| UNEMPLOYMENT - 1099-G | |
| (IF I DIDN'T DO LAST YEAR'S RETURN) STATE REFUNDS — 1099-G | |
| SOCIAL SECURITY - SSA-1099 | |
| IRA DISTRIBUTIONS - 1099-R | |
| Pension Distributions - 1099-R | |
| SUMMARY FROM CREDIT CARD TRANSACTIONS - 1099-K | |
| WE ADVISE YOU WAIT UNTIL YOUR TAX RETURN IS DONE: IRA CONTRIBUTIONS | |
| HSA CONTRIBUTION FORM 8889 | |
| HEALTH INSURANCE 1095-A, B, or C | |
| HOME MORTGAGE INTEREST, PMI, AND PROPERTY TAX | |
| Student Loan Interest – 1098-E | |
| Tuition Expense - 1098-T | |
| CLOSING STATEMENTS IF YOU BOUGHT OR SOLD PROPERTY | |
| PARTNERSHIPS, TRUSTS AND CORPORATIONS - K-1 | |

| | | Occupation | | | |
|--|--|--|---|--|--------------------------------|
| | | | | | |
| cupation | | Soc. Sec. # | | | |
| c. Sec. # | | Date of Birth | | В | lind Y N |
| te of Birth | | | month / day / year | | |
| month / day | | Drivers License ‡ | ‡ | | |
| | | | exp. date | | |
| Issue date | exp. date | Cell Phone | | | |
| l Phone | | Home Phone | | | |
| me Phone | | | | | |
| ail | | | | | |
| Address | Lloit | # Zip Code | | | |
| City | | The Code | | | |
| • | | LING STATUS | | | |
| | _ | ☐ WIDOW(ER) | □ НБАГ | of HOUSEH | OLD |
| ☐ SINGLE | | | | 0.1.0002.1 | <u> </u> |
| SINGLE | Incl. Spouse Name | | Must he | Single with | |
| MARRIED / JOINT Enter the dependent Code | Incl. Spouse Name, SSN & DOB above DEPENDEN e in the first column: | DateT INFORMATION (| one or m | - | |
| MARRIED / JOINT | Incl. Spouse Name, SSN & DOB above DEPENDEN e in the first column: | Date | one or m | ore depende essary) O = Other De | ependen |
| Enter the dependent Code L = Child who lived with y | Incl. Spouse Name, SSN & DOB above DEPENDEN e in the first column: ou N = Child who did not | DateT INFORMATION (| one or m | ore depende | # MON LIVED YOU L |
| Enter the dependent Code L = Child who lived with y | Incl. Spouse Name, SSN & DOB above DEPENDEN e in the first column: ou N = Child who did not | T INFORMATION (at live with you due to divorce | one or muse addl. sheet if neceste or separation | ore depende essary) O = Other De DATE OF | # MOI |
| Enter the dependent Code L = Child who lived with y | Incl. Spouse Name, SSN & DOB above DEPENDEN e in the first column: ou N = Child who did not | T INFORMATION (at live with you due to divorce | one or muse addl. sheet if neceste or separation | ore depende essary) O = Other De DATE OF | # MOI |
| Enter the dependent Code L = Child who lived with y | Incl. Spouse Name, SSN & DOB above DEPENDEN e in the first column: ou N = Child who did not | T INFORMATION (at live with you due to divorce CIAL SECURITY NUMBER | one or muse addl. sheet if neceste or separation | DATE OF BIRTH | |
| Enter the dependent Code L = Child who lived with y CODE FUL | Incl. Spouse Name, SSN & DOB above DEPENDEN in the first column: ou N = Child who did not L NAME SO | T INFORMATION (at a live with you due to divorce clark SECURITY NUMBER | one or muse addl. sheet if necesses | DATE OF BIRTH | # MON LIVED YOU L YEA |
| Enter the dependent Code L = Child who lived with y CODE FUL (1) Care Giver | Incl. Spouse Name, SSN & DOB above DEPENDEN in the first column: ou N = Child who did not L NAME SO | T INFORMATION (at a live with you due to divorce classification) CIAL SECURITY NUMBER CARE EXPENSES (at a line) Federal ID # | one or muse addl. sheet if necesses | DATE OF BIRTH | # MON LIVED YOU L YEA |
| Enter the dependent Code L = Child who lived with y CODE FUL (1) Care Giver | Incl. Spouse Name, SSN & DOB above DEPENDEN in the first column: ou N = Child who did not L NAME SO | T INFORMATION (at live with you due to divorce CIAL SECURITY NUMBER CARE EXPENSES (at Language Langua | one or muse addl. sheet if necesses addl. | DATE OF BIRTH | # MON LIVED YOU L YEA |

| HEALTH CARE Check one box: | |
|---|--|
| ☐ I had Covered CA or other Government Marketpl | lace Insurance. |
| You MUST give me your form 1095-A and a California | |
| ☐ I had employer offered health insurance (for exam | nple SAG-AFTRA). Form 1095-B |
| I had privately purchased health insurance. Form | 1095-C |
| | ity Card |
| EXTENSIONS Did you file any EXTENSIONS for your 2021 tax return CRYPTO CURRENCY in 2021 did you buy or sell Yes No | n? Yes No Did you make any payments? \$any crypto currency such as Bitcoin, Ethereum or Doge? |
| | Face and Large Decreed) |
| STIMULUS PAYMENTS (AKA Recovery Rebate | • |
| 3 rd FEDERAL Stimulus Payment received in or after N CA Golden State Stimulus Payment received April 15 | |
| My INCENTIVIZED PRICING | |
| Feb = \$300 Mar 1-15 = \$360 Mar 16-31 = \$420 Apr – Dec = \$480 | Extra States = \$50 each SMLLC = \$300if you don't know, you don't have it Overtime = \$315 per hour |
| (& Prior Years = \$480) Married = \$75 additional <i>(new)</i> | |

RENTAL or DRIVING INCOME Download and fill in those worksheets. ESTIMATED TAX PAYMENTS TOWARD YOUR 2021 TAX BILL

(IF YOU DON'T KNOW WHAT THIS IS, YOU DIDN'T MAKE ANY)

| | FEDERAL | STATE | LOCAL |
|--------------------------|---------|-------|-------|
| Quarter 1 = by 4-15-2021 | \$ | \$ | \$ |
| Quarter 2 = by 6-15-2021 | \$ | \$ | \$ |
| Quarter 3 = by 9-15-2021 | \$ | \$ | \$ |
| Quarter 4 = by 1-15-2022 | \$ | \$ | \$ |
| TOTALS | \$ | \$ | \$ |

EVERYONE SHOULD FILL OUT THIS PAGE IF MARRIED FILING JOINT COMBINE YOUR NUMBERS

| SELF PAID HEALTH INSURANCE including long term care, Medicare <u>supplemental</u> , but not life insurance (Not from your W-2 or Soc. Sec.) | | |
|--|-------------|----------|
| MEDICAL EXPENSES not reimbursed by insurance. i.e. co-pays, dental, vision, glasses, therapy, prescriptions, ambulance, parking at medical facilities | | \$ |
| REAL ESTATE TAXES AKA PROPERTY TAX | | \$ |
| HOME MORTGAGE INTEREST | | \$ |
| PRIVATE MORTGAGE INSURANCE | | \$ |
| DMV REGISTRATION bring in your vehicle registration renewal do NOT include parking/traffic tickets | | \$ |
| INVESTMENT & LEGAL EXPENSES FOR <u>BUSINESS</u> write-in details: | | \$ |
| EDUCATOR EXPENSES K-12 Full-Time teachers only, to the max of \$250 | | \$ |
| RETIREMENT PLAN CONTRIBUTIONS TRADITIONAL = Please wait to make any contribution until I do your Tax Return, you have until SEP = tax day to contribute for last year. (Do Not include 401-K money from W-2) ROTH = | \$ \$ \$ \$ | \$ \$ \$ |

Please combine if multiple donations to the same recipient

| CHARITABLE CONTRIBUTIONS OF FUNDS | | |
|-----------------------------------|-------|--------|
| Name of charity: | Date | Amount |
| | | \$ |
| | | \$ |
| use additional sheet if needed | TOTAL | \$ |
| CHARITABLE CONTRIBUTIONS OF GOODS | | |
| Name of charity: | Date | Amount |
| | | \$ |
| | | \$ |
| use additional sheet if needed | TOTAL | \$ |

| ALIMONY / SPOUSAL SUPPORT - If you finalized your divorce after January 1, 2019, the former administration | | | | |
|---|---|--|--|--|
| eliminated the Federal deduction benefit, and re | porting requirements of alimony / spousal support. | | | |
| > If your divorce was finalized in 2018 or earlier, > What did you <u>pay</u> in spousal support last year \$ | | | | |
| > What is your ex's SSN | > What did you <u>receive</u> in spousal support last year \$ | | | |

ENTERTAINMENT INDUSTRY EXPENSES for W-2 income only PUT YOUR EXPENSES ON ONLY ONE PAGE

| Description | Primary expenses | Spouse expenses | Lea Bla |
|--|---------------------|-----------------|------------|
| TAX PREPARATION what did you pay to prepare last years tax return | | | |
| BUSINESS GIFTS limited to \$25 per person | | | |
| ADV/PUBLICITY headshots, business cards, website, reels | | | |
| ON-LINE JOB SEARCH / CASTING REGISTRIES i.e. IMDB, Actors Access, Casting Networks, theatre company dues | | | |
| AGENT / MANAGER COMMISSIONS call your rep to get real numbers, don't just take X% of your income | | | |
| OFFICE SUPPLIES Ink, printer paper, postage, cloud storage, etc | | | |
| EQUIPMENT LEASE OR RENT | | | |
| STUDIO OR PROPERTY LEASE OR RENT i.e. theatre, rehearsal space, NOT where you live | | | |
| REPAIR AND MAINTENANCE OF EQUIPMENT | | | |
| MAINTENANCE OF PROFESSIONAL COSTUMES NOT general street wear | | | |
| PURCHASE of PROFESSIONAL COSTUMES NOT general street wear, i.e. doctor, nurse, police, clown. MUST be tied to an audition or gig | | | |
| Professional MAKE-UP, HAIR CARE, NAILS & supplies - MUST be tied to an audition or gig | | | |
| SUPPLIES FOR RESEARCH or JOB SEARCH props, sheet music, scripts, industry periodicals | | | |
| CALLING SERVICE FOR BACKGROUND | | | |
| PROFESSIONAL COACHING acting class, dance class, vocal training, dialect coaching, industry workshops, etc. | | | |
| UNION DUES & INITIATION FEES INCLUDE 2% AEA DUES | | | |
| WRITE- IN DETAILS OTHER: | | | |
| OTHER: | | | |
| EVEN IF YOU'RE NOT SURE OF YOUR ENTRIES - TOTAL: | | | |
| CELL PHONE TOTALBUSINESS % | | | |
| INTERNET TOTALBUSINESS % | | | |
| CABLE TOTAL FOR EDUCATIONAL PURPOSES ONLY | | | |

INDEPENDENT CONTRACTOR, SMLLC & SELF REPORTED INCOME & DEDUCTIONS

(REMEMBER – ONLY PUT YOUR EXPENSES ON <u>ONE</u> PAGE, NO DUPLICATE ENTRIES PLEASE)

| | | Primary Spouse Business 1 | Primary Spouse Business 2 | Primary Spouse Business 3 |
|------|--|---------------------------|---------------------------|---------------------------|
| | What is the BUSINESS NAME or TYPE: | | | |
| | INCOME you are SELF-REPORTING | | | |
| | NOT reported on any tax form | \$ | \$ | \$ |
| 8 | BUSINESS GIFTS - \$25 per person, per year | | | |
| 8 | ADVERTISING & PUBLICITY | | | |
| 10 | COMMISSIONS & FEES | | | |
| 11 | CONTRACT LABOR YOU PAID OUT | | | |
| 15 | INSURANCE TO DO THIS JOB – not health ins. | | | |
| 17 | LEGAL AND PROFESSIONAL SERVICES | | | |
| 17 | LAST YEARS TAX PREPARATION COST | | | |
| 18 | OFFICE EXPENSES | | | |
| 20 A | EQUIPMENT LEASE OR RENT | | | |
| 20 B | OFFICE / STUDIO LEASE – not your residence | | | |
| 21 | EQUIPMENT REPAIRS AND MAINTENANCE | | | |
| 22 | SUPPLIES | | | |
| 23 | TAXES PAID & LICENSE FEES | | | |
| | CELL PHONE | | | |
| | INTERNET | | | |
| | write-in details OTHER | | | |
| | OTHER | | | |

EQUIPMENT EXPENSE

items costing over \$500

Any less expensive items should be added to "supplies" or "office" on previous pages. Use additional sheet if necessary.

| ITEM DESCRIPTION | PURCHASE DATE | COST | TIMES % OF BUS | SINESS USE | NET WRITE-OFF |
|------------------|---------------|------|----------------|------------|---------------|
| | | \$ | x | % = | \$ |
| | | \$ | x | % = | \$ |
| | | \$ | x | % = | \$ |
| | | \$ | x | % = | \$ |

this is the "I DON'T KNOW WHERE IT GOES" section!

| DESCRIPTION | DATE | COST |
|-------------|------|------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

OFFICE IN THE HOME

This space must be used exclusively for business; administration, billing, seeing clients, storing business materials, self-tapes, v.o. booth...

| | Primary | Spouse |
|---|---------|--------|
| (i.e. 10'x10' = 100 sq. ft.) total square footage of your workspace | | |
| total square footage of your residence | | |
| renters or homeowners insurance | | |
| total RENT (not mortgage payments) for the year | | |
| total of all utilities for the year | | |
| other home office expenses - detail: | | |
| | | |

TRANSPORTATION EXPENSES

If you only have *commuting miles, this page doesn't apply to you

| | CAR 1 | CAR 2 |
|--|---------------------------|---------------------------|
| year - make – model: | | |
| date placed in service | month / day / year / / | month / day / year / / |
| Primary Spouse (Car 1) odometer readings Jan 1st 2021: | Dec 31st 2021: | |
| ☐ Primary ☐ Spouse | Dec 31 ** 2021 | |
| (Car 2) odometer readings Jan 1st 2021: | Dec 31st 2021: | |
| TOTAL MILES driven in 202° | I | |
| driving in PURSUIT OF, or to expand, your business, skills, knowledge, network and most 1099 work are BUSINESS MILES | | |
| driving to and from your regular job or side-hustle are *COMMUTING MILES | | |
| one typical ROUND TRIF to your regular job or side-hustle gig | | |
| driving to and from the doctor, treatments, pharmacy are all miles for MEDICAL | - | |
| miles to volunteer at a charity or a fundraiser, or donate goods (but not going to worship) are CHARITY | | |
| You also have some miles that are jus PERSONAI | | |
| parking when in PURSUIT OF BUSINESS (NOT at your regular job | | \$ |
| Uber, Lyft, cab, train, bus fare to pursue, or get to work (NOT PERSONAL) TRANSPORTATION EXPENSE | | \$ |
| (NOT PERSONAL) TRANSPORTATION EXPENSE | · • | |

> Anyone who has ever been AUDITED is a big believer is in DOCUMENTING their BUSINESS MILEAGE. You can use a phone app, a mileage log or a calendar. Be consistent.

Auditions, meetings, business meals, and classes/training are all examples of BUSINESS MILES.

| ACTUAL VEHICLE EXPENSES | CAR 1 | CAR 2 |
|--|---------------------------|---------------------------|
| gas, oil, repairs, insurance, etc. | | • |
| rental vehicles | ¢. | ¢ |
| price or fair market value of your car | \$ | \$ |
| date of PURCHASE / LEASE (circle one) | month / day / year / / | month / day / year / / |
| LEASE payments (NOT purchase payments) | \$ | \$ |

> Did you buy or lease a new car LAST year? Bring in the sales/lease agreement.

TRAVEL OUT OF TOWN for INTERVIEWS & WORK

(MORE THAN 50 MILES FROM HOME - - use addl. sheet if needed)

| | тот | AL 1099 Travel: | \$ | Total W-2 Travel: | \$ | | То | tal 1099 Meals: | · | | Total W-2 Meals: | \$ |
|--|-------|--------------------|----------------|----------------------|----------------|------------|------------|---------------------------------------|--------|-----------------------------------|---------------------|--------|
| | | | | | | | | | | | | |
| | trip# | | employer & pu | ırpose | | | | dates # of days from / to for work | | city / state or city / country | | |
| | 1 | | | | ☐ 109 ☐ W-2 | | | | | | | |
| | 2 | | | | ☐ 109 ☐ W-2 | | | | | | | |
| | 3 | | | | ☐ 109 ☐ W-2 | | | | | | | |
| | 4 | | | | ☐ 109 ☐ W-2 | | | | | | | |
| | 5 | | | | ☐ 109 ☐ W-2 | | | | | | | |
| | | | | | Use ad | ditional s | heets if ı | necessary | | | | |
| EXPENSES | | | | trip 1 | | trip 2 | 1 | trip 3 | trip 4 | trip 5 | | |
| | | | air fare, trai | n, bus, luggag | e fees | \$ | | \$ | : | \$ | \$ | \$ |
| | | | hotel, | motel, hostel, | tents | \$ | | \$ | ! | \$ | \$ | \$ |
| local transport cabs, lyft/uber, rental car, par | | | \$ | | \$ | : | \$ | \$ | \$ | | | |
| | | | passp | ort fees, real-io | d fees | \$ | | \$ | : | \$ | \$ | \$ |
| other write-in details: | | | | | | | | | | | | |
| TOTALS | | | | \$ | | \$ | : | \$ | \$ | \$ | | |
| | | | | | | | | | | | | |
| | | | MEAL | .S | | trip 1 | | trip 2 | - | trip 3 | trip 4 | trip 5 |
| | actua | ıl meal an | d incidental e | expenses includ | ling tips | \$ | | \$ | | \$ | \$ | \$ |

| per diem received | \$ \$ | \$ \$ | \$ |
|-------------------|----------|----------|----|
| | | | |
| | \$ \$ | \$ \$ | \$ |

♦ In the unlikely event of an audit, YOU MUST be able to provide your lists and prove <u>EVERY</u> number with receipts.

BUSINESS MEALS & ENTERTAINMENT FOR BUSINESS

A business meal or event must be WITH another person who can expand your knowledge, skill set, or network.

You must be able to back up the business meals and events with entries in your calendar, mileage log, and with actual receipts that include name – date – purpose – location – amount:

| NAME (person e | entertained) | W-2 / 1099 | PURPOSE | LOCATION | AMOUN ⁻ |
|----------------|--------------|------------|-------------------|----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | W-2 SUB-TOTAL | \$ |
| | | | | 1099 SUB-TOTAL | \$ |
| | | | W-2 TRAVEL | | \$ |
| | | | 1099 TRAVEL | | \$ |
| | | | PRIMARY W-2 TOTAL | | \$ |
| | | | 1099 TOTAL | | \$ |

| NAME (person entertained) | DATE | PURPOSE | LOCATION | AMOUNT |
|---------------------------|------|------------------|----------------|--------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | W-2 SUB-TOTAL | \$ |
| | | | 1099 SUB-TOTAL | \$ |
| | | | W-2 TRAVEL | \$ |
| | | | \$ | |
| | | SPOUSE W-2 TOTAL | | \$ |
| | | | 1099 TOTAL | |