

VITA - VOLUNTEER INCOME TAX ASSISTANCE 2017 **YOU MUST PRESENT ALL SOCIAL SECURITY CARD(S) OR COPY(IES)**

PLEASE READ AND SIGN THIS FORM

Paid-up members of AEA and SAG-AFTRA may avail themselves of a free tax service, sponsored by their Unions' Foundations & Internal Revenue Service (IRS) and located in the Equity Building – Mondays, Wednesdays, Thursdays & Fridays (no Tuesdays) February 5th through April 27th from 10:30 am – 4:00 pm 165 West 46th Street, 14th Floor – 212-921-2548.

- ▶ 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.*
- ▶ All appointments **MUST be made in person** (no appointments by phone).
- ▶ You must present your **PAID-UP UNION CARD, CURRENT DRIVER'S LICENSE OR STATE ID** and your **SOCIAL SECURITY CARD(S)** (or copy(ies) for you, your spouse and any dependents) to at the time of your appointment.
- ▶ You will **NOT** be seen unless you have the following:
 1. Last year's federal and state tax returns, if you did not have them prepared in the NY VITA office.
 2. The VITA worksheets **COMPLETED** (call the office or stop in with any questions).
 3. W-2s, 1099s and other statements sent by employers, banks, credit unions, other states, brokerages, and any other information, including your own records.
 4. Three (3) Pieces of ID: Paid-Up Union Card, Current Driver's License or State ID, Social Security Card(s) for all taxpayers. **We must see SS Cards (or copies) for all persons listed on your tax returns.**
 5. Your Health Insurance form, if applicable (1095-A or 1095-B or 1095-C or Medicare Card)
- ▶ Members with appointments will take priority over those on a walk-in waiting list. We will see as many as we can until 3:00 pm each day. There is no guarantee that you will be seen or whether or not your returns will be completed on the day you come in.
- ▶ The program is run by **VOLUNTEERS** whose schedules vary. As a result, there is no guarantee as to how long you must wait or if you will be seen. We do our best to accommodate everyone.
- ▶ 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**). 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 at Actors' Equity is supported in part by contributions from the Foundations of AEA and SAG-AFTRA to assist its members. Actors' Equity Association provides our office space. None of the Volunteers is paid to provide this assistance and none is on staff at any of the Unions.

I understand and agree to the above information.

Sign your name

Date

OTHER INCOME (Not W-2s) VOLUNTEER INCOME TAX ASSISTANCE PROGRAM

2017

(MARRIED – USE SEPARATE FORM) NAME _____

PERFORMING ARTS FEE INCOME (from <u>Forms 1099-MISC</u> & your own records (report income even if you do not receive a 1099)	\$
NON-Performing Arts FEES (from Forms 1099-MISC & your own records (report income even if you do not receive a 1099)	\$
INTEREST INCOME (include credit union “dividends”) reported on 1099-INT (or from year-end statement – if under \$10) (If you have interest from a joint account, include interest on <u>one</u> worksheet only – not on both.)	\$
DIVIDEND INCOME from Forms 1099-DIV (or from year-end statement – if under \$10) (If you have dividends from a joint account, include dividends on <u>one</u> worksheet only – not on both.)	\$
STATE TAX REFUND(s) from Forms 1099-G and your own records (NOTE: NY does not send out 1099-G. You may obtain it on line at www.tax.ny.gov)	\$
ALIMONY/Separate Maintenance Received	\$
STOCK, BONDS, MUTUAL FUNDS SOLD or redemptions reported on Forms 1099-B. NOTE: YOU MUST KNOW DATE OF PURCHASE & ORIGINAL PRICES (Basis) OF ALL STOCKS, BONDS & MUTUAL FUNDS SOLD OR REDEEMED.	\$
UNEMPLOYMENT compensation from Form(s) 1099-G	\$
Federal tax withheld from unemployment compensation	\$
State tax withheld from unemployment compensation	\$
PENSIONS, ANNUITIES, & distributions from IRAs from Forms 1099-R	\$
Federal Tax withheld from 1099-R(s)	\$
State Tax Withheld from 1099-R(s)	\$
SOCIAL SECURITY benefits from box 5 of Form SSA-1099	\$
Federal Tax Withheld from SSA-1099	\$
OTHER income: All other – jury duty, prizes, gambling winnings, election pay, etc., even if not reported to you on 1099	\$
RENTAL income from your own records. Bring records of expenses related to this income as well.	\$
Royalties from 1099-Misc	\$
K-1 Form(s) – Trusts, Partnerships, Corporations, Estates, etc. (Show preparer the forms)	XXXXXXXXXX

VOLUNTEER INCOME TAX ASSISTANCE PROGRAM

OUT OF TOWN EXPENSES

2017

NAME _____ EXPENSES INCURRED WHILE WORKING OR LOOKING FOR WORK REQUIRING OVERNIGHT STAY

Taxpayer performed services for and/or sought employment with the following organizations. (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 Receipts in the event of state audit)						

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

VOLUNTEER INCOME TAX ASSISTANCE (VITA) 2017

Name _____ Email: _____

If you did not have your 2016 returns prepared at VITA in NY, please provide your 2016 federal and state tax returns. **You must bring a paid up union card, your social security card(s) and driver's license or state identity card. Include all IDs and SSN Cards for your spouse and dependents. Please bring the following income tax information, including all statements and documents – including your own records – pertaining to these items. Don't forget your bank information (below) as we will 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 – Self-Employment, Independent Contractor and Freelance Fees** (Performing and Non-Performing), Royalty Income
 - 1099-R - Pension/Retirement Earned**
 - 1099-SSA - Social Security**
 - **Alimony Received** (not child support)
 - **Sale of Home** (Bring HUD-1 & Closing statements)
 - **K-1 Forms** (Partnerships, Trusts, S Corps, LLCs, etc.)
 - **Rental Income** (bring rents, basis, expenses, etc.)
 - **Disability Income** – If not reported on W-2
 - **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**
 - **Direct Deposit or Debit** – Blank Check or Bank Name and:
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)**
I (We) had health insurance all year 2017 Yes _____ No _____
If not all year, what months, if any? _____
If on the Marketplace/ Exchange, **must** have 1095-A _____
Med & Dental Insurance Premiums \$ _____
Long-Term Care Insurance Premiums \$ _____
Med.Costs (co-pays,out-of-pocket, incl. transp.) \$ _____
- **Charitable Contributions** - Cash or Check \$ _____
- **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** (ID#, name/address)
- **Alimony Paid** (NOT child support - include SSN & name of Recipient) \$ _____
- **Retirement/IRA/Roth/SEP Contributions** \$ _____
- **Total Annual Rent Paid** \$ _____
- **Moving Expenses** (more than 50 mi. for work) \$ _____
- **Business & Auto Expenses** (complete worksheets)
- **Travel Expenses** (complete worksheet)
- **Expenses Related to Investment Income** (bring stmt.)
- **College Tuition/Student Loan Interest Pd** (bring info)
- **Paid tax last year to state(s)? 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 \$ _____

PERFORMING ARTS PROFESSIONAL EXPENSES

NAME _____ **(Married – Use Separate Form)**

LIST EXACT AMOUNTS – Do Not Estimate

✓

• Accompanist and Audition Expense	\$		
• Advertising and Publicity (photos, resumes, website, Showfax, IMDbs, 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)	XXXXXXXXX		
• Gifts for Business (limited to \$25 per recipient per year)	\$		
• Internet and/or Cable Expense (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 2 nd 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 & Entertainment 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. %)

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 or Moving more than 50 miles for work, please provide the following information. If you are not sure what constitutes each of these categories, please discuss this 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

MOVING MILES _____ Miles

OTHER (Personal) _____ Miles

Business Parking & Tolls \$ _____

Medical Parking & Tolls \$ _____

Charitable Parking & Tolls \$ _____