

VOLUNTEER INCOME TAX ASSISTANCE

The Volunteer Income Tax Assistance Program (VITA) is closed indefinitely, in compliance with our government guidelines. For more information on filing your taxes for 2021, please see [this post](#).

Although the NY VITA office remains closed until Equity reopens to staff and members, 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 is offered in Los Angeles by The Actors Fund - [learn more here](#). There are also VITA programs everywhere else in the United States sponsored by the IRS; [find your local VITA office here](#).

[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 VITA Chair and Director, Equity Secretary-Treasurer Sandra Karas, VITA is the only 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 - Stimulus Payment.

VITA serves paid-up members by appointment or as walk-ins on a first-come, first-served basis, based on the number of volunteers available. Appointments will be available as soon as the VITA office can reopen. When we return, appointments must be made in person, and a valid, paid-up union card (Actors' Equity or SAG-AFTRA) must be presented to make an appointment.

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

Intake/Interview & Quality Review Sheet

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	Daytime telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Your spouse's Date of Birth	8. Your spouse's job title		9. Last year, was your spouse:	
			a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Part II – Marital Status and Household Information

1. As of December 31, 2020, what was your marital status?

Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

Married a. If Yes, Did you get married in 2020? Yes No

Divorced b. Did you live with your spouse during any part of the last six months of 2020? Yes No

Legally Separated Date of final decree _____

Widowed Date of separate maintenance decree _____

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	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/20 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	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)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section

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

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

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

- 1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
- 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 b. To purchase U.S. Savings Bonds c. To split your refund between different accounts
 Yes No Yes No 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

**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 12, 2022.

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 12, 2022). 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 2020

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

DATES ARE TBA, PENDING THE REOPENING OF EQUITY'S OFFICES.

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

9:30 am – 5:00 pm Wednesdays, Thursdays & Fridays (no Mondays or Tuesdays)

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.)**

- ▶ **All appointments MUST be made in person (no appointments by phone).** Appointments will take priority over walk-ins. We will see as many as we can until 3:30 pm each day. There is no guarantee that you will be seen. The program is run by VOLUNTEERS whose schedules vary. We do our best to accommodate everyone.

- ▶ **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

VOLUNTEER INCOME TAX ASSISTANCE 2020

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 FORM Notice 1444 – Your Economic Impact Pmt.**
Bring the form and answer the following:
How much did you receive in your 1st payment? \$ _____
How much did you receive in your 2nd payment? \$ _____
- **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 PAGE 3 OF THIS WORKSHEET PACKET.

- **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 \$ _____

Volunteer Income Tax Assistance 2020 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 (working 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

- | | |
|---|----------|
| 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 2020 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.

VOLUNTEER INCOME TAX ASSISTANCE 2020

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)	XXXXXXXXXX	
• 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 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 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. %)

VOLUNTEER INCOME TAX ASSISTANCE 2020

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 meal and grocery receipts in the event of state audit)						

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

Volunteer Income Tax Assistance **2020**

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 \$ _____