

<b>FOR ARTIST TAX PREP 2025</b>			
<b>Total Business Income NOT reported elsewhere:</b>	\$		
(Do not include income reported on 1099s/w2s)			
<b>CATEGORY</b>	<b>\$ AMOUNT</b>	<b>MILEAGE DEDUCTION</b>	
Advertising/Marketing/Promo		<b>INFORMATION ON YOUR VEHICLE:</b>	
Transportation (Local)		Month and year you started using for business:	
Commissions/Fees		Leased or owned?	
Contract Labor		If owned: original purchase price?	
Insurance (not health, personal vehicle, or home)		If leased: monthly payment?	
Legal & Professional Services		When did you purchase or start leasing this vehicle?	
Education/Research		01/01/25 Odometer reading:	
Office/studio (NOT home expenses)		12/31/25 Odometer reading:	
Rent/Lease (NOT home office or personal car)		Total Number of Business miles in 2025:	
Repairs/Maintenance (not home or personal car)			
Supplies		<b>HOME OFFICE DEDUCTION</b>	
Taxes/Licenses (not home or personal car)		Sq. Footage of Entire Living Space	
Meals while traveling		Sq. Footage of Home Office Space	
Meals while doing business		Total Annual Rent	
Travel		Total Mortgage Interest	
Other:		Total Real Estate Taxes	
Other:		Total Annual Insurance	
Other:		Total Utilities	
Other:		Home Repairs and Maintenance	
Other:		Annual Condo/Coop Fee	
		Year & Month of Home Purchase	
<b>RETIREMENT CONTRIBUTIONS</b>	<b>\$ AMOUNT</b>	Amount of Home Purchase	
Traditional IRA		Last Assessed Value of Home	
ROTH IRA			
SEP IRA		<b>HEALTH INSURANCE</b>	
Other _____		TOTAL ANNUAL PREMIUMS	
		HEALTH INSURANCE PROVIDER	
<b>EQUIPMENT</b>			

For each individual purchase over \$500, write-in:			<b>If you make and sell or make and resell items:</b>	<b>Amount</b>
1. Description of item			Inventory as of 01/01/2025:	
2. Date you started using the item			Inventory as of 12/31/2025:	
3. Total cost of item			Cost of Goods sold:	
			(should NOT be included in other categories)	