



# CAMEO WEALTH & CREATIVE MANAGEMENT, INC.

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Direct Deposit Info on Back  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ **NO DECIMALS PLEASE -- If Married, fill out separate Business Expenses sheets**

Advertising, Publicity & Mailings \_\_\_\_\_  
 Agent & Manager Fees \_\_\_\_\_  
 Equipment Rental \_\_\_\_\_  
 Equipment Repairs & Maintenance \_\_\_\_\_  
 Office Expense \_\_\_\_\_  
 Professional Fees, Legal, Acctg (not tax prep) \_\_\_\_\_  
 Studio and Theatre Rental \_\_\_\_\_  
 Substitute Pay - or Pay to Freelancers \_\_\_\_\_  
 Supplies (Theatre, Touring, Dressing Room) \_\_\_\_\_  
 Business Meals & Entertaining \_\_\_\_\_  
 Dancewear, Costumes, Uniforms (Business use only) \_\_\_\_\_  
 Gifts (Prof only & \$25 Maximum Per Recipient) \_\_\_\_\_  
 Lessons & Coaching \_\_\_\_\_  
 Local Transportation (not commuting) \_\_\_\_\_  
 Make-up, Wigs, Haircare (Prof Use Only) \_\_\_\_\_  
 Photos & Resumes \_\_\_\_\_  
 Prof Publications & Subscriptions (Web, Print, IMDB) \_\_\_\_\_  
 Research Viewing (Theatre, Film, Concerts, Netflix, etc.) \_\_\_\_\_  
 Research Material (Scripts, CDs, Tapes, Books, etc) \_\_\_\_\_  
 Tips (Backstage, Dressers, Stage Doormen, etc.) \_\_\_\_\_  
 Union Dues & Assessments (including working Dues) \_\_\_\_\_  
 Website (hosting, design, maintenance) \_\_\_\_\_  
 TELECOMMUNICATIONS Business Use only \_\_\_\_\_  
 OR Total Home \_\_\_\_\_ Total Cell \_\_\_\_\_  
 Internet Service Provider (If separate from cable) \_\_\_\_\_  
 Cable bundle (Total or Please break down below) \_\_\_\_\_  
 Cable \_\_\_\_\_ Phone \_\_\_\_\_ Internet \_\_\_\_\_

**Any accounts in foreign countries** YES NO  
 Unreimbursed Medical, Dental & Rx \_\_\_\_\_  
 Health Insurance Premiums \_\_\_\_\_  
 Real Estate Taxes \_\_\_\_\_  
 Mortgage Interest \_\_\_\_\_  
 Investment Fees \_\_\_\_\_  
 Safe Deposit Box \_\_\_\_\_

Charitable Contributions: Cash/Check/Credit \_\_\_\_\_  
 Non-cash Items (Clothing, books, etc) \_\_\_\_\_  
 (if **non cash** over \$500 bring list with name & address)

**IRA's:** Traditional IRA Contribution \_\_\_\_\_  
 ROTH IRA Contribution \_\_\_\_\_  
 SEP/Solo 401(k) Contribution \_\_\_\_\_  
 529 College Savings Contribution \_\_\_\_\_

Tax Preparation \_\_\_\_\_  
 Tuition Paid \_\_\_\_\_  
 Student Loan Interest Pd \_\_\_\_\_

**Estimated Tax Sent In By You:**  

Date paid	\$Fed	\$State (eg. NY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Car Mileage for year \_\_\_\_\_ For Business \_\_\_\_\_  
 Equipment Purchase - Date: \_\_/\_\_/\_\_ \_\_\_\_\_  
 Equipment Purchase - Date: \_\_/\_\_/\_\_ \_\_\_\_\_

**OUT OF TOWN EXPENSES** (nights away from home for business)

Purpose or Description	Dates		Nights Away	Names of Cities	How Paid W2, 1099, other
	From	To			
A) _____					
B) _____					
C) _____					
D) _____					
E) _____					
F) _____					

**Expense Worksheet:** (From above letters)

(Out of town only)	(A)	(B)	(C)	(D)	(E)	(F)	Total	Office Use
Per Diem Received								<u>A</u>
Food (Total of Receipts)								Travel
Hotels, Lodging, Rent								Meals
Tips to Porters, Maids, etc.								
Travel (Air, Rail, Bus)								<u>C</u>
Local Transportation								Travel
Laundry, Dry Cleaning								Meals
Car Rental for Business								
Other Out-of-town Expenses								

**IMPORTANT: PLEASE COMPLETE BACK OF WORKSHEET**

## DRIVER'S LICENSE REQUIREMENT

NAME: \_\_\_\_\_

LICENSE OR ID NUMBER: \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DOCUMENT NUMBER\* (NYS-ISSUED LICENSES AND IDs ONLY): \_\_\_\_\_

\*THE DOCUMENT NUMBER ON A NY ISSUED ID CAN BE TYPICALLY FOUND IN THE LOWER RIGHT HAND CORNER ON THE FRONT, OR ON THE BACK OF THE ID)

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## DIRECT DEPOSIT

BANK NAME: \_\_\_\_\_

IF REFUND:  YES  NO

ROUTING #: \_\_\_\_\_

IF BALANCE DUE:  YES  NO

CHECKING ACCT #: \_\_\_\_\_

IS THIS A JOINT ACCOUNT?

APPLY REFUND TO NEXT YEAR:

YES  NO

YES  NO

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## MANDATORY COMPLIANCE QUESTIONS FOR THE AFFORDABLE CARE ACT (ACA)

WHO IS YOUR MEDICAL INSURANCE PROVIDER? \_\_\_\_\_

WERE YOU COVERED FOR ALL OF 2017? (PLEASE CIRCLE) **YES** **NO**

IF NOT, HOW MANY MONTHS DID YOU HAVE COVERAGE? \_\_\_\_\_

FROM WHERE DID YOU OBTAIN HEALTH INSURANCE?

(CIRCLE ONE) **EMPLOYER** **UNION** **HEALTH EXCHANGE** **MEDICAID** **MEDICARE**

ARE YOUR CHILDREN OR DEPENDENTS (IF ANY) COVERED? (PLEASE CIRCLE) **YES** **NO**

IF SO, HOW MANY? \_\_\_\_\_

DID YOU APPLY ON HEALTHCARE.GOV FOR A HARDSHIP EXEMPTION?

(PLEASE CIRCLE) **YES** **NO**

IF SO, WHAT IS THE CERTIFICATE NUMBER? \_\_\_\_\_

**\*\*MAKE SURE YOU GET FORM 1095 FROM YOUR HEALTH INSURANCE PROVIDER \*\***