

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20 _____ See separate instructions.

Your first name and initial **Liz** Last name **Brushstroke** Your social security number **333-44-5555**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **Commonwealth Ave** Apt. no. **5** **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Chestnut Hill MA 02467** **Presidential Election Campaign**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status **1** Single **4** Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here. **▶** **5** Qualifying widow(er) with dependent child

Exemptions **6a** Yourself. If someone can claim you as a dependent, do not check box 6a. **6b** Spouse **6c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here **Boxes checked on 6a and 6b** **1**
No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see instructions) _____
Dependents on 6c not entered above _____
Add numbers on lines above **1**

Income **7** Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **53,211.**
8a Taxable interest. Attach Schedule B if required **8a** _____
b Tax-exempt interest. Do not include on line 8a **8b** _____
9a Ordinary dividends. Attach Schedule B if required **9a** _____
b Qualified dividends **9b** _____
10 Taxable refunds, credits, or offsets of state and local income taxes **10** _____
11 Alimony received **11** _____
12 Business income or (loss). Attach Schedule C or C-EZ **12** **0.**
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13** _____
14 Other gains or (losses). Attach Form 4797 **14** _____
15a IRA distributions **15a** _____ **b** Taxable amount **15b** _____
16a Pensions and annuities **16a** _____ **b** Taxable amount **16b** _____
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** _____
18 Farm income or (loss). Attach Schedule F **18** _____
19 Unemployment compensation **19** _____
20a Social security benefits **20a** _____ **b** Taxable amount **20b** _____
21 Other income. List type and amount **21** _____
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** **22** **53,211.**

Adjusted Gross Income **23** Educator expenses **23** _____
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** _____
25 Health savings account deduction. Attach Form 8889 **25** _____
26 Moving expenses. Attach Form 3903 **26** _____
27 Deductible part of self-employment tax. Attach Schedule SE **27** _____
28 Self-employed SEP, SIMPLE, and qualified plans **28** _____
29 Self-employed health insurance deduction **29** _____
30 Penalty on early withdrawal of savings **30** _____
31a Alimony paid **b** Recipient's SSN **▶** **31a** _____
32 IRA deduction **32** _____
33 Student loan interest deduction **33** _____
34 Tuition and fees. Attach Form 8917 **34** _____
35 Domestic production activities deduction. Attach Form 8903 **35** _____
36 Add lines 23 through 35 **36** _____
37 Subtract line 36 from line 22. This is your adjusted gross income **▶** **37** **53,211.**

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for Tax and Credits, with amounts ranging from 53,211 to 6,735.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes, with amounts ranging from 6,735 to 8919.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for Payments, with amounts ranging from 7,144 to 7,144.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for Refund, with amounts ranging from 409 to 409.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe, with amounts ranging from 76 to 77.

Third Party Designee

Form section for Third Party Designee with fields for name, phone number, and personal identification number (PIN).

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature section with fields for taxpayer and spouse signatures, dates, occupations, and daytime phone numbers.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, firm name, EIN, and phone number.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

**Profit or Loss From Business
(Sole Proprietorship)**

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013
Attachment
Sequence No. **09**

Name of proprietor Liz Brushstroke		Social security number (SSN) 333-44-5555
A Principal business or profession, including product or service (see instructions) Visual Artist	B Enter code from instructions ► 7 1 1 5 1 0	
C Business name. If no separate business name, leave blank. Big Orb Art Studio	D Employer ID number (EIN), (see instr.) 	
E Business address (including suite or room no.) ► Commonwealth Ave City, town or post office, state, and ZIP code Chestnut Hill, MA 02467		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2013, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	29,540.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	29,540.
4 Cost of goods sold (from line 42)		4	10,500.
5 Gross profit. Subtract line 4 from line 3		5	19,040.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	0.
7 Gross income. Add lines 5 and 6		7	19,040.

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	104.
9 Car and truck expenses (see instructions).	9	2,379.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	845.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	207.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	5,155.
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	1,079.
17 Legal and professional services	17	250.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	5,831.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			28		15,850.
29 Tentative profit or (loss). Subtract line 28 from line 7			29		3,190.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		3,190.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31		0.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input checked="" type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35 5,000.
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38 3,000.
39	Other costs	39 8,000.
40	Add lines 35 through 39	40 16,000.
41	Inventory at end of year	41 5,500.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 10,500.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/2010
44	Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:
a	Business 4,210 b Commuting (see instructions) 2,650 c Other 9,391
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

AMORTIZATION	324.
Graphics Design Fees	395.
Printing	498.
Photo Costs	525.
Processing	314.
Internet Service	304.
Cell & Skype Service	315.
Museum Memberships	220.
See Line 48 Other Expenses	2,936.
48 Total other expenses. Enter here and on line 27a	48 5,831.

Expenses for Business Use of Your Home

Department of the Treasury
Internal Revenue Service (99)

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

2013
Attachment
Sequence No. **176**

▶ **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

Name(s) of proprietor(s)

Your social security number

Liz Brushstroke

333-44-5555

Part I Part of Your Home Used for Business Visual Artist

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	190
2 Total area of home	2	1,085
3 Divide line 1 by line 2. Enter the result as a percentage	3	17.51 %
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.		
4 Multiply days used for daycare during year by hours used per day	4	hr.
5 Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶	7	17.51 %

Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	3,190.
See instructions for columns (a) and (b) before completing lines 9–21.		
9 Casualty losses (see instructions)	9	
10 Deductible mortgage interest (see instructions)	10	
11 Real estate taxes (see instructions)	11	
12 Add lines 9, 10, and 11	12	
13 Multiply line 12, column (b) by line 7	13	
14 Add line 12, column (a) and line 13	14	
15 Subtract line 14 from line 8. If zero or less, enter -0-	15	3,190.
16 Excess mortgage interest (see instructions)	16	
17 Insurance	17	308.
18 Rent	18	19,850.
19 Repairs and maintenance	19	
20 Utilities	20	
21 Other expenses (see instructions)	21	
22 Add lines 16 through 21	22	20,158.
23 Multiply line 22, column (b) by line 7	23	3,530.
24 Carryover of operating expenses from 2012 Form 8829, line 42	24	
25 Add line 22, column (a), line 23, and line 24	25	3,530.
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26	3,190.
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0.
28 Excess casualty losses (see instructions)	28	
29 Depreciation of your home from line 41 below	29	
30 Carryover of excess casualty losses and depreciation from 2012 Form 8829, line 43	30	
31 Add lines 28 through 30	31	
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33 Add lines 14, 26, and 32	33	3,190.
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	35	3,190.

Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	
39 Business basis of building. Multiply line 38 by line 7	39	
40 Depreciation percentage (see instructions)	40	%
41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2014

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	340.
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return
Liz Brushstroke

Business or activity to which this form relates
Sch C Visual Artist

Identifying number
333-44-5555

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	3,893.
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
Digital Camera	399.	399.
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	399.
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	399.
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	53,270.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	399.
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	189.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		3,494.	7.0	MQ	200 DB	257.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	845.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
Auto	01/01/2010	25.91 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles) .	4,210											
31 Total commuting miles driven during the year	2,650											
32 Total other personal (noncommuting) miles driven	9,391											
33 Total miles driven during the year. Add lines 30 through 32	16,251											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?		X										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
Website Costs	07/01/2013	1,945.	A197	3.00 yrs	324.
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44 324.

**Special Depreciation Allowance Elections under
IRC Section 168(k)(2)(D)(iii), IRC Section 168(l)(3)(D),
and IRC Section 168(n)(2)(B)(v)**

▶ Attach to your income tax return

Name(s) Shown on Return <u>Liz Brushstroke</u>	Identification Number <u>333-44-5555</u>
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Tax Year: 2013

Election Out of Qualified Economic Stimulus Property

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(2)(D)(iii) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending: 12/31/2013

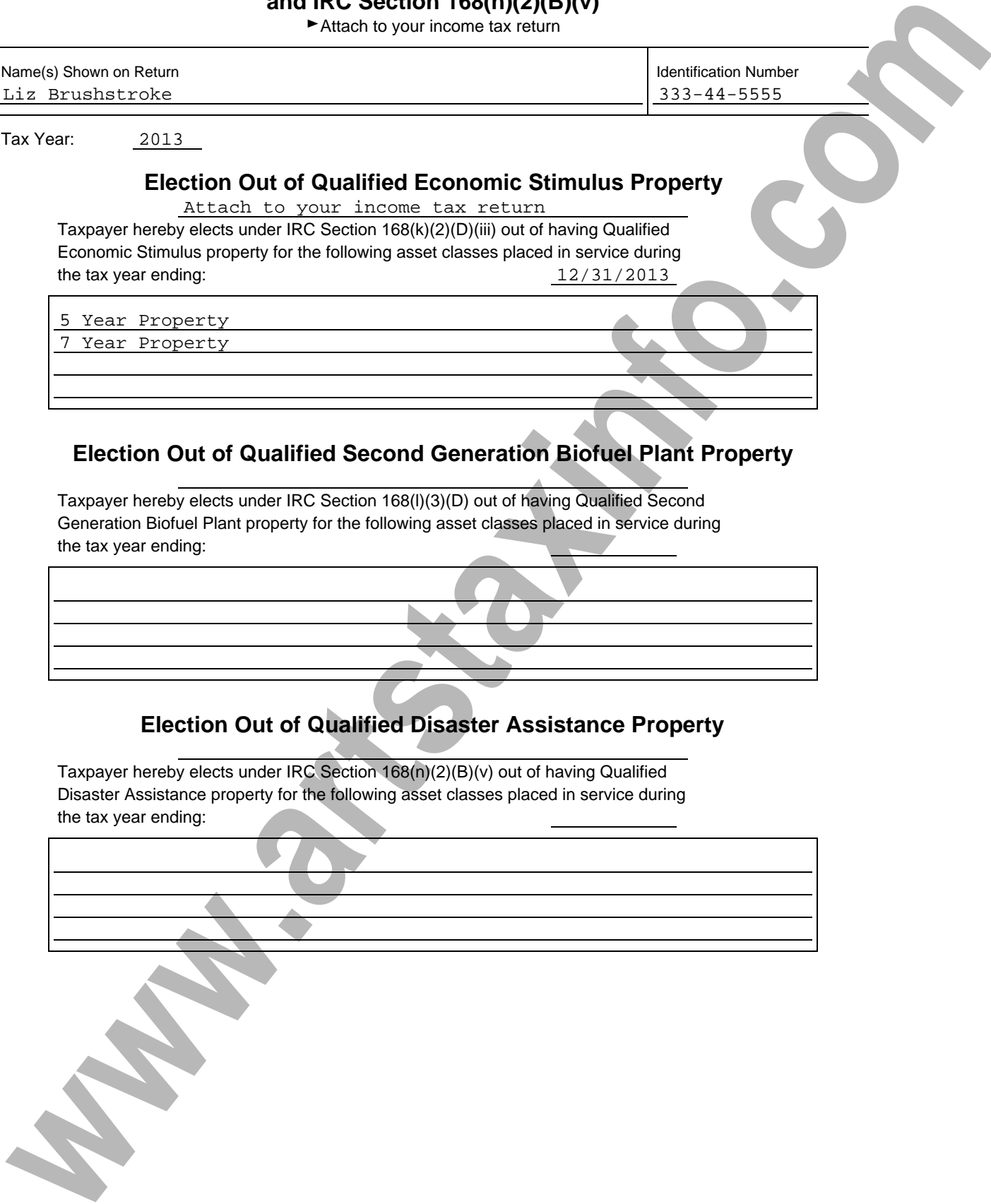
<u>5 Year Property</u>
<u>7 Year Property</u>

Election Out of Qualified Second Generation Biofuel Plant Property

Taxpayer hereby elects under IRC Section 168(l)(3)(D) out of having Qualified Second Generation Biofuel Plant property for the following asset classes placed in service during the tax year ending: _____

Election Out of Qualified Disaster Assistance Property

Taxpayer hereby elects under IRC Section 168(n)(2)(B)(v) out of having Qualified Disaster Assistance property for the following asset classes placed in service during the tax year ending: _____



Additional information from your 2013 Federal Tax Return

Schedule C (Visual Artist): Profit or Loss from Business

Line 24a

Itemization Statement

Description	Amount
Ireland - Airfare & Transportation	1,952.
Ireland - Hotel 8 days @ \$304	2,432.
Phoenix - Airline	348.
Phoenix	423.
Total	5,155.

Schedule C (Visual Artist): Profit or Loss from Business

Line 39

Itemization Statement

Description	Amount
Printing	2,000.
Framing	6,000.
Total	8,000.

Schedule C (Visual Artist): Profit or Loss from Business

Line 48 Other Expenses

Continuation Statement

Description	Amount
Gallery Costs	89.
Shipping & Postage	1,341.
Publications	177.
Dues & Memberhips	215.
Show Entry Fees	195.
Art History Class (Ireland)	622.
Promotional Expense	297.
Total	2,936.