

WORKSHEET FOR BEAUTY SERVICES

In order for us to maximize your deductions, please complete this worksheet

Client Name _____		Tax Year _____	
Accounting & Tax Preparation Fees		Medical - Owner Related	
Accounting Software		Notary Fees	
Advertising - Business Cards		Office Supplies	
Advertising - Magazines		Outside Services	
Advertising - Paper		Payroll Paid to Others (W2s)	
Advertising - Radio & Television		Payroll Taxes	
Advertising - Signs		Pest Control	
Advertising - Other		Postage	
Alarm Equipment		Printing	
Alarm Services		Professional Services	
Association Dues/Fees		Publications	
Bank Fees (Business Account)		Referral Fees	
Business Travel		Rent	
Business Card Annual Fee		Small Tools -Clippers, Scissors, Etc.	
Business Mileage	Attach Log	Smocks	
Carrying Case for Supplies		Supplies	
Cleaning Supplies		Taxes	
Contract Labor		Telephone - Cell Phone	
Clipboards		Telephone - Landline	
Commission Paid to Others		Towels & Towel Service	
Cost of Goods Sold		Transportation Expenses	
Credit Card Merchant Fees		Travel Hotel, Airfare	Attach List
Delivery		Travel Meals	Attach List
Education - Books		Travel Mileage	Attach Log
Education - Courses		Uniforms	
Education - Conventions		Uniform Cleaning & Laundry	
Education - Mileage	Attach Log	Union Dues	
Education - Professional Development		Utilities (Water & Power)	
Education - Seminar			
Emblems for Nails		Equipment Purchased This Year	Attach List
Entertainment		Equipment Depreciated (from prior years)	Attach Last Years Tax Return
Equipment & Product Holders			
Equipment Repairs & Sharpening		Miscellaneous Supplies:	
Equipment Rental		Hair Products	
Freight		Dyes	
Gifts (\$25 max per person)		Shampoos & Conditioners	
Identification Cases		Hair Sprays	
Insurance		Nail Products	
Interest on Business Debt		Acrylics	
Interest on Business Mortgage		Cotton Balls, Emery Boards, Etc.	
Legal Fees		Silks	
Licenses		Wraps	
Maintenance & Repairs		Other	
Medical - Employee Related			

THE ABOVE EXPENSES ARE ORDINARY & NECESSARY IN MY LINE OF WORK AS AN BEAUTICIAN

I DECLARE THIS TO BE A TRUE, COMPLETE AND CORRECT DOCUMENT

TAXPAYER'S SIGNATURE: _____

DATE _____