

# Salon Worksheet

<b>Name:</b>	<b>SS#:</b>
<b>Salon Name:</b>	<b>Phone:</b>
<b>Salon Address:</b>	

<b>Total Income From Services</b>	\$
<b>Total Income From Product Sales</b>	\$
<b>Total Tip Income</b>	\$
<b>Educator Income</b>	\$

## Inventory

If you purchase goods to have available for resale you will carry an inventory. Beginning inventory should be the same as ending inventory for the previous tax year.

Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	\$
Inventory purchased during the year - less cost of items withdrawn for personal use.	\$
Inventory at the end of the year.	\$

## Salon Expenses

Uniform Items	\$	Color Supplies	\$
Pants	\$	Bleach	\$
Shirt	\$	Cream Color	\$
Smock	\$	Weaving Combs	\$
Tool Belt	\$	Developer	\$
Uniform Maintenance	\$	Liquid Color	\$
Uniform Laundry	\$	Temp Color	\$
Uniform Home Laundry	\$	Color Rinse	\$
Uniform Dry Cleaning	\$	Color Bowls	\$
Finish/Styling Equipment	\$	Color Bottles	\$
Combs	\$	Color Brushes	\$
Brushes	\$	Gloves	\$
Hair Extensions	\$	Color Caps	\$
Blow Dryer	\$	Smocks	\$
Bonnet Dryer	\$	Corrective Chemicals	\$
Dryer Chair	\$	Foil/Papers/Frosting Needles	\$
Irons	\$	Back Bar & Finishing Product	\$
Curlers	\$	Shampoos	\$
Hot Curlers	\$	Conditioners	\$
Cutting Equipment	\$	Rinses	\$
Scissors	\$	Reconditioners	\$
Thinning Shears	\$	Color Rinse	\$
Clippers	\$	Color Shampoo	\$
Clipper Heads	\$	Protein Treatment	\$
Clipper Lubricant	\$	Oil Treatments	\$
Trimmers	\$	Mousse/Gel	\$
Razor	\$	Style Lotion/Creams	\$
Razor Blades	\$	Hair Spray	\$
Sharpening Service	\$	Wax/Paste/Pomades	\$
Sharpening Supplies	\$	Talc Powder	\$
Chemical Service Supplies	\$	Shaving Cream	\$
Relaxer	\$	After Shave Lotion/Balm	\$
Perms	\$	Skin Care Supplies	\$
Rods	\$	Cosmetics	\$
Papers	\$	Misc. Supplies	\$
Cotton Strips	\$	Towels	\$
Specialty Rods	\$	Towel Service	\$
Plastic Caps	\$	Floor Mats	\$
Spray Bottle	\$	Client Smocks	\$
Utility Cart	\$	Tweezers	\$
Timer	\$	Manicure Supplies	\$

## Business Expenses

<b>Advertising</b>	\$	Office/ Furnishings	\$
Business Cards	\$	Decorative Items	\$
Direct Mail	\$	Interior Plants	\$
News Paper/Magazine	\$	Satellite Radio	\$
Yellow Pages	\$	CD's	\$
Misc. Advertising	\$	Accounting and Bookkeeping fees	\$
<b>Telephone Service/Usage</b>	\$	Legal/Professional Fees	\$
Answering Service	\$	Appointment Book	\$
Basic Phone Service (not home)	\$	Palm Pilot (purchased this tax year)	\$
Usage/Long Distance Expense	\$	Educator Supplies	\$
Cell Phone	\$	Tipping Out Expenses	\$
Pager	\$	Postage & Shipping Expense	\$
<b>Telephone Equip. Purchased this tax year</b>	\$	Copy & Printing Expenses	\$
Answering Machine	\$	Photo & Camera Expenses	\$
Telephone	\$	Bank Charges	\$
Cell phone	\$	Professional Association Fees & Dues	\$
Pager	\$	Trade Publications	\$
Liability Insurance	\$	Client Publications/Magazines	\$
Self Employed Health Insurance	\$	Client Gifts	\$
Rent	\$	Client Cards (Birthday, Holiday etc)	\$
Common Area Maintenance	\$	Snack Items	\$
Utilities (Non Home Office/Shop)	\$	Coffee Supplies	\$
Cleaning Services	\$	Misc. Supplies	\$
Internet Access Fees	\$	Misc. Repairs	\$

**Entertainment Expense** - If you have a bona fide and substantial discussion, regarding professional/business subjects, your "Entertainment Expense" while conducting this business is deductible. You conducted business, i.e. discussed it, and the expenses of your activities associated with this discussion are deductible. You must have a receipt with time, date, subject of discussion and persons present. Qualifying items may include, Golf T's, Gym (per visit expense), Movie, etc. as long as you had a bona fide discussion that professionally related to your business. \$

### Continuing Education Seminar/Conference

Class Hours/Tuition Expense	\$	Educational Material Expense	\$
Seminar/Conference Fees	\$	Online/Home Study Expense	\$

**Travel Expenses** – Non Local - Conference, Conventions, out of town Assignments/Education (Non Reimbursed). \$

**Hotel Expense** – For above travel. \$

**Meals** – Conference, Conventions, out of town assignments non-reimbursed. \$

### Vehicle Expense – Please answer ALL questions below!

Vehicle expenses (gas, repairs, insurance)	\$	Is this evidence written?	Yes or No
Type & Year of Vehicle:		If you lease, what is the monthly payment?	\$
Date First Used for Business: / /		Number of Miles Driven for Business	mi.
Do you have another car for personal use? Yes or No		Number of Miles Driven for Personal	mi.
Do you have evidence to support the deduction? Yes or No		Number of Miles Driven for Commuting	mi.

### Home Office/Shop

Square Footage of Home	sq./ft	Cost of Utilities per Month	\$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	\$
Purchase Price of Home	\$	Insurance – Homeowners/Renters	\$
Number of Months Office was in Home		Other - Specify	\$

### Comments and Other Expenses:
