

# Salon Worksheet

Name of Salon		Type of business	
Gross income from Services	\$	EIN	
Gross income from product sales	\$	Cost of inventory held at beginning of year	\$
Tip income	\$	Cost of inventory purchased	\$
<u>Total Income</u>	<u>\$</u>	<u>Cost of inventory at the end of the year</u>	<u>\$</u>
<b>SALON EXPENSES</b>		<b>Cost of goods sold</b>	\$
Uniform items	\$	Acrylic/Gel powder	\$
Uniform maintenance	\$	Styling products	\$
Beauty Equipment	\$	Skin Care Supplies	\$
Combs/Brushes	\$	Cosmetics	\$
Blow Dryers/Curlers/ Flat Iron	\$	Misc Supplies	\$
Dryer chair	\$	Towels	\$
Curing lamp	\$	Linen Service	\$
Scissors/ Clippers	\$	Appointment Book	\$
Color Supplies	\$	Waxing supplies	\$
Chemical Treatment Supplies	\$	Floor mats	\$
Finishing products		Aprons/ Smocks	
Shampoo/Conditioners		Sanitizing Supplies	

<b>Business Expenses</b>	\$	Internet Access	\$
Advertising	\$	Supplies- Office/Misc	\$
Business cards	\$	Cleaning Services	\$
Signs	\$	Decorative items	\$
Direct Mail	\$	Office Furnishings	\$
Yellow Pages	\$	Legal/Professional Fees	\$
Media Advertising	\$	Client Gifts	\$
Phone book	\$	Utilities (outside house)	\$
Photo/Camera Expenses	\$	Dues and Publications	\$
Legal and professional fees	\$	Postage and Shipping	\$
Rent- Outside the home	\$	Telephone	\$
Repairs	\$	Internet	\$
Liability Insurance	\$	Bank Charges/ Fees	\$
Business Insurance	\$	Tipping Out Expenses	\$
Self Employed Health Insurance	\$	Accounting/ Bookkeeping Expenses	\$
Taxes	\$	Copy/Print Expenses	\$
Certificates/ Licenses	\$	Misc	\$
Date you started business			\$

## Estimated Payments

Federal Amount	Date Payment Made	State Amount	Date Payment Made
\$		\$	
\$		\$	
\$		\$	
\$		\$	

**\*See Business Use of Home Worksheet for businesses run out of the home\***

VEHICLE EXPENSES		Vehicle 1	
Type and year of vehicle		Date first used for business	
Do you have another car for personal use?	Yes No	Miles driven for Business	mi.
Do you have evidence to support the use?	Yes No	Miles driven for personal use	mi.
Is this evidence written?	Yes No	Miles driven for commuting	mi.
Were you reimbursed for any vehicle use?	Yes No	Total miles driven in year	mi.
VEHICLE 2			
Type and year of vehicle		Date first used for business	
Do you have another car for personal use?	Yes No	Miles driven for Business	mi.
Do you have evidence to support the use?	Yes No	Miles driven for personal use	mi.
Is this evidence written?	Yes No	Miles driven for commuting	mi.
Were you reimbursed for any vehicle use?	Yes No	Total miles driven in year	mi.

List Equipment Purchased	Date Purchased	Date Placed in Service	Cost
			\$
			\$
			\$
			\$
			\$
			\$

**\*Bring last year's taxes showing any equipment purchased in prior years\***