

# Hairstylist/Manicurist

Client's Name: \_\_\_\_\_

Tax Year: 20\_\_\_\_\_

The purpose of this worksheet is to help you organize your tax deductible business expense. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

| Income                          |  |
|---------------------------------|--|
| Cash/Check/Money Order Received |  |
| Credit Card Payments Received   |  |
| Total Income                    |  |

| Professional             |  |
|--------------------------|--|
| Dues & Professional Fees |  |
| Liability Insurance      |  |
| Legal & Professional     |  |
| Licenses & Permits       |  |
| Business Tax             |  |
| Memberships              |  |
| Publications             |  |
| Hair Shows               |  |
| Seminars                 |  |
| Other: _____             |  |
| Other: _____             |  |

| Equipment & Supplies      |  |
|---------------------------|--|
| Hair Dryers, Drills, Etc. |  |
| Hair Products             |  |
| Nail Products             |  |
| Misc. Supplies            |  |
| Telephone                 |  |
| Cellular Phone Purchase   |  |
| Equipment Repairs         |  |
| Equipment Rental          |  |
| Other: _____              |  |
| Other: _____              |  |

| Miscellaneous              |  |
|----------------------------|--|
| Business Cards             |  |
| Public Relations/Photos    |  |
| Refreshments for Customers |  |
| Client Gifts               |  |
| Office Supplies            |  |
| Postage                    |  |
| Rent/Booth Rental          |  |
| Assistant Fees             |  |
| Shampoo Person Expenses    |  |
| Laundry                    |  |
| Cleaning Expenses          |  |
| Other: _____               |  |
| Other: _____               |  |

| Telephone         |  |
|-------------------|--|
| Telephone         |  |
| Answering Service |  |
| Pager/Voicemail   |  |
| Cellular Phone    |  |
| Long Distance     |  |
| Other: _____      |  |
| Other: _____      |  |

| Travel Expenses                       |  |
|---------------------------------------|--|
| Air Fare                              |  |
| Local Transportation (Bus, Cab, Etc.) |  |
| Lodging (Away from Home Overnight)    |  |
| Meals (Away from Home Overnight)      |  |

The IRS/FTB requires that the taxpayer(s) be advised that it is their individual responsibility to keep or maintain actual receipts and completed personal checks used for the acquisition of any item or services expensed on their individual income tax return. While Del Valle Tax Services does not require to view these receipts/invoices/checks, it will be necessary to produce these receipts if audited or questioned by the IRS/FTB to prove the expenses.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

