

Business Information

Full Name _____ Your Director _____ Tax Year _____
 Email Address _____ Phone Number _____ Business Start Date _____ Claimed Last Year? _____
 Address _____ City _____ State _____ ZIP Code _____

Receipts

Net Sales + Tax Collected (in-person & online): _____
 Dovetail Received & Consultant Sales + Tax: _____
 Returns & Uncollected Sales in "Net Sales": _____
 Commissions & Prizes Received: _____

Operating Expenses

Advertising & Preferred Customer Fees: _____
 Bank & Credit Card Processing (ProPay) Fees: _____
 Product Liability Insurance: _____
 Credit Card/Loan Interest (business only): _____
 Tax Preparation Fees: _____
 Facial Supplies (Q-tips, cotton balls, etc.): _____
 Basket Materials (shrink wrap, bows, etc.): _____
 Postage & Freight: _____
 Hostess Gifts (\$25 max): _____
 Other (_____): _____

Cost of Goods Sold

Section 1 Beginning Inventory (Jan 1st): _____
 Section 1 Purchases: _____
 Personal Use of Section 1 Cosmetics (1/2 retail): _____
 Section 1 Cosmetics Given Away (1/2 retail): _____
 Section 2 Purchases: _____
 Section 1 & 2 Sales Taxes You Paid: _____
 Section 1 Ending Inventory (Dec 31st) (1/2 retail): _____

Home Office Expenses

Real Estate Taxes (Form 1098): _____
 Mortgage Interest (Form 1098): _____
 Homeowner's/Renter's Insurance (Form 1098): _____
 Rent Paid During Months in Business: _____
 Lawn & Repairs (not improvements): _____
 Security, Pest, Housekeeper, & HOA Fees: _____
 Gas: _____ Water: _____ Electric: _____

Home Office Data

Home office space must be used exclusively for business

Office/Storage Square Feet _____ Number of Entire Rooms Used _____
 Entire Home Square Feet (minus garage) _____ Total Number of Rooms in Home _____
 Date Home Was Rented/Purchased: _____
 Purchase Price/Closing/Pre-Bus. Improvements: _____
 Estimated Land Value (county tax appraisal): _____

Cosmetics S-Corp Companion Sheet

Car Data

Mark data with asterisk() if leased*

	Car 1:	Car 2:
Year, Make, & Model:	_____	_____
Date Purchased/Leased*:	_____	_____
Purchase/Lease Price + Tax:	_____	_____
Cosmetics Miles Driven:	_____	_____
Commuting Miles Driven:	_____	_____
Total Miles Driven (calendar yr):	_____	_____

Car Expenses

	Car 1:	Car 2:
Gas:	_____	_____
Repairs & Maintenance:	_____	_____
Insurance, Tags, & Inspection:	_____	_____
Loan Interest/Lease* Payments:	_____	_____
Parking & Tolls:	_____	_____
Is there more than 1 car in your home?	_____	_____