

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: _____
 Training Center Income (directors only): _____

Operating Expenses

Advertising & Preferred Customer Fees: _____
 Bank & Credit Card Processing (ProPay) Fees: _____
 Contract Labor (work done by assistant/kids): _____
 Product Liability Insurance: _____
 Credit Card/Loan Interest (business only): _____
 Tax Preparation Fees: _____
 Professional Services: _____

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): _____

Office Supplies (excluding furniture/equipment): _____
 Rent (meeting rooms/booths/storage): _____
 Equipment - Rentals: _____ Repairs: _____
 Facial Supplies (Q-tips, cotton balls, etc.): _____
 Travel - Transportation: _____ Lodging: _____
 Business Meals for Others: _____
 Meeting Refreshments: _____

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): _____

Out of Town Business Meals: _____
 Number of Nights out of Town: _____
 Business Use of Cell Phone: _____
 2nd Business Phone Line + Long Distance: _____
 Seminars: _____
 Uniform (director suit, seminar dress, etc.): _____
 Business Laundry, Dry Cleaning, Alterations: _____



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: _____

Operating Expenses

Basket Materials (shrink wrap, bows, etc.): _____
Postage & Freight: _____
Hostess Gifts (\$25 max): _____
Internet Expenses: _____
Dues & Publications: _____
Consultant Prizes & Awards Given: _____
Other (_____): _____

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?	_____	_____

Training Center Expenses

Total Rent Paid: _____
Gas: _____
Water: _____
Electric: _____
Phone: _____
Internet: _____
Trash: _____

Repairs & Maintenance: _____
Insurance: _____
Security: _____
Janitorial: _____
Pest Control: _____
Taxes and/or Fees (_____): _____
Other (_____): _____



Depreciable Assets

In this section, list all the business assets you purchased/invested in that depreciate over time. This includes home office improvements, equipment upgrades, phones, computers, tablets, cameras, calculators, software, scanners, copiers, fax machines, answering machines, desks, chairs, lamps, file cabinets, bookshelves, tables, other furniture, TVs, CD/DVD/Blu-Ray players, stereos, appliances, power tools/equipment, and other depreciable assets. **Only list new assets/improvements that you haven't listed to us in previous years.**

[illegible]