



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

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): _____

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: _____

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?	_____	_____