

Salon Worksho	eet		
Name:		SS#:	
Salon Name:		Phone:	
Salon Address:		1 Hone.	
Total Income From Services			\$
Total Income From Product Sal	les		\$
Total Tip Income			\$
Educator Income			\$
Inventory			
	ale you will carry an	inventory. Beginning inventory should be the sa	me as ending
Inventory at beginning of year. If different from	m last year's closing	inventory, attach explanation.	\$
Inventory purchased during the year - less cost	of items withdrawn i	for personal use.	\$
Inventory at the end of the year.		\$	
Salon Expenses			
Uniform Items	\$	Color Supplies	\$
Pants	\$	Bleach	\$
Shirt	\$	Cream Color	\$
Smock	\$	Weaving Combs	\$
Tool Belt Uniform Maintenance	\$	Developer Liquid Color	\$ \$
Uniform Laundry	\$	Temp Color	\$
Uniform Home Laundry	\$	Color Rinse	\$
Uniform Dry Cleaning	\$	Color Bowls	\$
Finish/Styling Equipment	\$	Color Bottles	\$
Combs	\$	Color Brushes	\$
Brushes	\$	Gloves	\$
Hair Extensions	\$	Color Caps	\$
Blow Dryer	\$	Smocks	\$
Bonnet Dryer	\$	Corrective Chemicals	\$
Dryer Chair	\$	Foil/Papers/Frosting Needles	\$
Irons	\$	Back Bar & Finishing Product	\$
Curlers	\$	Shampoos	\$
Hot Curlers	\$	Conditioners	\$
Cutting Equipment	\$	Rinses	\$
Scissors	\$	Reconditioners	\$
Thinning Shears	\$	Color Rinse	\$
Clippers	\$	Color Shampoo	\$
Clipper Heads	\$	Protein Treatment	\$
Clipper Lubricant Trimmers	\$	Oil Treatments	\$ \$
Razor	\$	Mousse/Gel Style Lotion/Creams	\$
Razor Blades	\$	Hair Spray	\$
Sharpening Service	\$	Wax/Paste/Pomades	\$
Sharpening Supplies	\$	Talc Powder	\$
Chemical Service Supplies	\$	Shaving Cream	\$
Relaxer	\$	After Shave Lotion/Balm	\$
Perms	\$	Skin Care Supplies	\$
Rods	\$	Cosmetics	\$
Papers	\$	Misc. Supplies	\$
Cotton Strips	\$	Towels	\$
Specialty Rods	\$	Towel Service	\$
Plastic Caps	\$	Floor Mats	\$
Spray Bottle	\$	Client Smocks	\$
Utility Cart	\$	Tweezers	\$
Timer	\$	Manicure Supplies	\$

Business Expenses			
Advertising	\$	Office/ Furnishings	\$
Business Cards	\$	Decorative Items	\$
Direct Mail	\$	Interior Plants	\$
News Paper/Magazine	\$	Satellite Radio	\$
Yellow Pages	\$	CD's	\$
Misc. Advertising	\$	Accounting and Bookkeeping fees	\$
Telephone Service/Usage	\$	Legal/Professional Fees	\$
Answering Service	\$	Appointment Book	\$
Basic Phone Service (not home)	\$	Palm Pilot (purchased this tax year)	\$
Usage/Long Distance Expense	\$	Educator Supplies	\$
Cell Phone	\$	Tipping Out Expenses	\$
Pager	\$	Postage & Shipping Expense	\$
Telephone Equip. Purchased this tax year	\$	Copy & Printing Expenses	\$
Answering Machine	\$	Photo & Camera Expenses	\$
Telephone	\$	Bank Charges	\$
Cell phone	\$	Professional Association Fees & Dues	\$
Pager	\$	Trade Publications	\$
Liability Insurance	\$	Client Publications/Magazines	\$
Self Employed Health Insurance	\$	Client Gifts Client Cando (Birthday, Haliday, etc.)	\$
Rent	\$	Client Cards (Birthday, Holiday etc)	\$
Common Area Maintenance	\$	Snack Items	\$
Utilities (Non Home Office/Shop)	\$ \$	Coffee Supplies	\$
Cleaning Services Internet Access Fees		Misc. Supplies	\$
	\$	Misc. Repairs	\$
		scussion, regarding professional/business subjects, your "En	
		iness, i.e. discussed it, and the expenses of your activities subject of discussion and persons present. Qualifying items is	
		fide discussion that professionally related to your business.	\$
Continuing Education Seminar/Co		inde discussion that professionary related to your business.	ψ
Class Hours/Tuition Expense	\$	Educational Material Expense	\$
Seminar/Conference Fees	\$		
	т	Online/Home Study Expense	\$
	e, Conventions, ou	t of town Assignments/Education (Non Reimbursed).	\$
Hotel Expense – For above travel.			\$
Meals – Conference, Conventions, out of to			\$
Vehicle Expense – Please answer A	ALL questions	below!	
Vehicle expenses (gas, repairs, insurance)	\$	Is this evidence written?	Yes or No
Type & Year of Vehicle:		If you lease, what is the monthly payment?	\$
Date First Used for Business: / /		Number of Miles Driven for Business	mi.
Do you have another car for personal use? Yes or No			mi.
Do you have evidence to support the deduction? Yes or No		Number of Miles Driven for Commuting	_
Home Office/Shop	ion: les of No	Number of whies Driven for Commuting	mi.
	10.	C CITATION AND A	Ι φ
Square Footage of Home	sq./ft	Cost of Utilities per Month	\$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	\$
Purchase Price of Home	\$	Insurance – Homeowners/Renters	\$
Number of Months Office was in Home		Other - Specify	\$
Comments and Other Expenses:			
F			