P. O. Box 2897 CARMICHAEL, CA 95609-2897 TAX SERVICE (916) 486-1040

Mary Kay Income and Expense Worksheet

Income				
Total Sales: All income from	n classes, facials, reorde	ers, dovetail, etc. Us	e your sales slips tota	l including tax.
We want to know how muc				-
Other Income: 1099-MISC f	rom Mary Kay			
Commissions F	Prizes & Awards	Promotions	Car Program	Other
Inventory:				
Beginning Inventory: From I	ast year's Schedule C,	use "ending inventor	y" on page 2	
Ending Inventory: Count All	Section 1 Merchandise	(Wholesale) as of L	Dec 31 st	
Expired Product: Past expired	ation date, damaged, or	r no longer sellable		
Purchases:				
*All Section 1 merchandise p				
*All Section 2 & 3 merchandis				
Supplies you purchased to re			towels, etc)	
PERSONAL USE: <i>Wholesa</i>				
*Demonstration Product: Wh				
Hostess Gifts: Wholesale va	alue of product (limited i	to \$25 per client per	year)	
Direct Expenses:				
Advertising: Preferred custon			aper ads	
Bad Debt/Refunds: Money no				
Commissions: Paid to others				
Insurance: Product insurance				
Insurance: Health insurance				
Interest: Credit cards, busine				
Legal & Professional Fees: B				
Rent or lease equipment: Co		aio/visuai, turnisning	IS	
Rent for Training Center: Bus		la a u ta a a . a a ! al		
Sales Taxes: Paid to Mary Ka				
Telephone: 2 nd line (not for 1 st	" pnone), long distance,	, caii waiting, messa	ge center, internet sei	rvice
Office Expense:	face books and myses		a avv. ab a alsa	
Bank Fees: Monthly account			new checks	
Consumable Products: Pape			_	
Education materials: Videos,Event Fees: Weekly meeting.				
Gifts: NOT Section 1, Birthda				
Postage: Shipping & handling				
Printing & Copies: Fliers, new			ui	
Training & Copies. Pilers, Nev			Dhoma onan hayea c	ato
Uniforms: Mary Kay Beauty C			mome, open nouse, e	;iO.
Other expenses:	Joal, include the dry cle	ariirig		
Depreciation:				
List any equipment you use in your busir	ness (computers electro	onics office equip t	furniture filing cahinet	ts software etc.)
Item Cost/FMV				
Item Cost/FMV	%Business use	Date place	d in service	
Auto Expenses:		Bato place		
Make & Model:	Date placed in service:	Co	nst/FMV	
Do you own or lease this car?	Date placed in service: Did you keep a mileage	e log? Do	you have another ca	r?
(if you do not own this car, list totals for r	egistration gas insurar	nce repairs & maint	enance on the back)	• • ———
Total miles driven ALL year				her miles
Parking & Bridge fees	Car Loan Intere		gσ	
Travel Expenses:		, , , , , , , , , , , , , , , , , , ,		
Transportation & lodging	Reg	gistration Fees		
Meals & Entertainment		s (SEPARATE from	meals)	
Home Office Expenses:		= •	,	
Total Sq.Ft. of Home	Sq.Ft used for Business	s Co	st/FMV without land_	
Do you use this area <i>exclusively</i> for bus	siness?	Do you regularly m	eet clients at your hor	me?
Total Rent		, , ,	,	
Insurance				

^{*}These amounts will be found on your Mary Kay Purchase Orders