DeGroot Tax Prep & Accounting

CL	IENT NAME	TAX YEAR				
	Beauty Shop Bu	siness Worksheet				
Business Name	Busines	ss Address				
Tax ID number						
	INC	OME				
Gross Receipts on Services	\$	BUSINESS EQUIPMENT SOLD				
Merchandise Sold Retail less Origina	al Cost \$	List details of sale of all items that were previously listed on the				
Tips	\$	business depreciation schedule. List details of any trade in or				
Rent for chairs or space	\$	new items in section "Business Equipment Purchased" on page 2				
PPP/Pandemic relief	\$	of this worksheet.				
Other -	<u> </u>	Description				
Office -	\$	Date Sold \$				
	 \$	Description				
	<u> </u>	Date Sold \$				
	EXPI	ENSES				
COST OF SUPPL	LIES USED	BUSINESS INSURANCE				
Beginning inventory	\$	List all business casualty, business liability, and employee medica				
Plus purchases	\$	insurance paid, if a qualified plan is used; do <u>not</u> list your personal life o				
Less cost of merchandise sold retail	\$	disability insurance. Casualty \$				
Less closing inventory	\$	Personal medical insurance \$				
Equals cost of supplies used in shop	\$	Liability \$				
MISCELLANEOUS		Medical for employees \$				
Freight/postage if not included in Cost of	f Supplies Used \$	Worker's Compensation \$ Unemployment \$				
Uncollectible accounts receivable		INTEREST				
Advertising Contract labor/commissions to other	\$					
(If over \$600 to any one individual, issue		List all interest paid on money borrowed for business purposes or service charges levied by suppliers, etc. (Not personal interest).				
Bank service charges	\$	Interest paid to banks\$				
Legal fees	\$	Interest paid to banks\$Other interest (loan, business credit)\$				
Tax preparation fees Start up costs for 1 st year of business	<u>\$</u>	Service charges\$				
Real estate rental	\$ \$	OFFICE EXPENSES				
Equipment rental	\$	Paper supplies, pencils, etc. \$				
Building repairs		Coffee, paper cups, break room \$				
Equipment repairs	\$\$ \$	Cleaning \$				
Real Estate taxes Sales tax if included with income above		Snow removal, trash removal \$				
Licenses	\$	Postage, shipping \$				
Professional Dues	\$	Laundry (towels, uniforms, rugs, etc.) \$				
EducationOther		Décor for shop \$				
<u></u>	Ψ	Business publications \$				
EMPLOYEE BENEF	IT PROGRAM	Waiting area magazines \$				
Describe program and money set	aside for employee benefits.	MEALS AND ENTERTAINMENT				
(List under "Wages/Payroll" the a		(For customers, clients, employees, etc.)				
Security and Medicare.)		Be sure to keep receipts and cancelled checks as a record o				
	\$	expenses. Record date, to whom paid, amount paid, for what				
	\$	expense was paid, customer entertained, etc. Enter totals here:				
WAGES/Pa	•	Meals and Tips \$				
List amounts including bonuses, etc		Entertainment \$				
employees, including amounts withhel social security, List amounts paid by er		Tickets and Events \$				
State Unemployment. (Attach a separa		Gifts \$				
and employer expenses in regards to wa office for a worksheet.)						

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UTILITIES

TC1 ' 1 1 1	1 '1 '4II D '
	l residence, use "Home Business
Use Expense" section. If separat Electricity	\$
Water/ Sewer	\$ \$
Internet	\$
Cable TV	\$
Other	\$
Business phone line	\$
Cell phone percent for business	\$
	ISM, & THEFT LOSSES
All information is required to con	npute loss to claim:
Property involved:	
Type of Event:	
Date property acquired:	
Original cost plus improvements:	: \$
Fair market value before event:	\$
Fair market value after event:	\$
Date of loss	
Insurance received:	\$
SELF-EMPLOYED	CONTRIBUTIONS
Contributions to Health Savings	Account \$
Contributions to SEP or Simple I	RA \$
TRAVEL (OU	T OF TOWN)
(For seminars, vendor shows, et dates paid, amounts, and to whom Meals	tc.) Keep a mileage log. Record n paid for each business trip.
Air fare, taxi, auto rental	\$
Lodging	\$
Parking, tips etc.	\$
Telephone	\$
Mileage with personal vehicle	
Other	
BUSINESS US	SE OF HOME
If area in home was used for the list total amount for expenses business use. NEW: May use	and preparer will prorate for simplified method of \$5.00
per square foot used for the b	ousiness office.
Total square feet in home:	
Business square feet:	
Mortgage interest \$	

\$

\$

\$

Repairs (done directly because of business use)

Real Estate Taxes

Insurance

Utilities

Rent if home not owned \$

Repairs (done indirectly) \$

BUSINESS EQUIPMENT PURCHASED

List all capital assets purchased during the year, such as machinery and other items which have a useful life over one year used in the business. INDICATE IF NEW OR USED WHEN PURCHASED.

1.Description	Date	
New/Used	Cost \$	_
Trade in:	\$	_
2.Description	Date	
New/Used	Cost \$	
Trade in:	\$	
3.Description	Date	
New/Used	Cost \$	
Trade in:	\$	

BUSINESS VEHICLE

(I.e. for supplies or services performed away from shop as in going to nursing home or hospital)

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Vehicle	#1	#2
To compute mileage of vehicle		
used for business purposes:		
(1) Miles driven for business		
(2) Miles driven for commuting		
(3) Miles driven for personal		
(4) Description of vehicle		
(5)Date vehicle placed into business		
use		
To compute depreciation of newly		
added business vehicle:		
(6) Cost Basis		
Less trade-in		
Plus sales tax		
(7) Or lease Payments		
To compute actual business		
expenses for vehicle (information		
required if vehicle is being		
depreciated):		
(8) Interest paid on vehicle loan		
(9) Parking and Tolls		
(10) Gasoline, Oil, Lubrication		
(11) Tires and Repairs		
(12) Insurance		
(13) Tags and Licenses		
(14) Garage Rent		
(15) Other		

Did	l you	have	written	evidence	to su	pport	your o	lec	luct	ion	٠
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O Yes O No

Do you (and spouse) have another vehicle available for personal use? O Yes O No

NOTE: Tax law provides that a business deduction is authorized for vehicles used in business; that deduction may be <u>either</u> out-of-pocket expenses such as gas, oil, repairs, tires, etc., <u>or</u> a mileage deduction whichever is greater. Therefore, keep records and list both mileage and out-of-pocket expenses above so you may take advantage of the greater deduction by comparison.

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