MARY KAY

INCOME TAX RETURN for the year of _____

YOUR NAME:	Consultant Director (circle one)				
DATE YOU STARTED WITH MARY KAY:					
INCOME					
COMMISSIONS (1099-Misc from Mary Kay)					
PRIZES, AWARDS, BONUSES (1099- Misc from Mary Kay)					
GROSS RECEIPTS OF RETAIL SALES					
SALES RETURNS (Actual returns to Mary Kay)					
COST OF SALES					
INVENTORY AT BEGINNING OF YEAR					
PRODUCT PURCHASES (wholesale cost)					
SALES TAX PAID ON PRODUCT PURCAHSES (retail value)					
NON-COLLECTED SALES TAX (personal use items, gifts, discounts)					
PRODUCTS USED FOR PERSONAL USE (wholesale cost)					
MARY KAY MATERIALS AND SUPPLIES					
FREIGHT CHARGES ON PRODUCT ORDERS					
INVENTORY AT END OF YEAR (wholesale cost)					
MARY KAY EXPENSES					
ADVERTISING					
BAD DEBTS					
COMMMISSIONS AND FEES					
GIFTS					
INSURANCE (not Health)					
INTEREST (Bank Loans, Credit Cards)					
LEGAL & PROFESSIONAL SERVICES (Accountant, Attorney, Tax Preparation	on				
MEALS/ENTERTAINMENT (Local Appts) MEALS while out of town @ MK Event (Seminar, Career Conf, Retreat, etc. counted as PER DIEM for each day awaylist #days AND state you trave	·				
OFFICE EXPENSE (Postage, Copy paper)					

MARY KAY EXPENSES (cont'd)

RENTAL EQUIPMENT (Copy Machine)	_	
RENTAL-OTHER (Building)	_	
REPAIRS & MAINTENANCE	_	
SEMINAR/MEETING REGISTRATION FE	ES _	
SUBSCRIPTIONS,MAGAZINES	_	
SUPPLIES (Wash Cloths, Q-tips)	_	
TELEPHONE (Separate Line & Long Dista	ance) & CELLPHONE, PAGER, VMAIL	
TRAVEL (Air fares, Taxi, Rental car, Lodgi	ing)	
OTHER EXPENSES:	_	
	DONATIONS	
	INTERNET/WEBSITE	
	SPECIAL CLOTHING/DRY CLEANING	
	COMPUTER SOFTWARE	
	BANK CHARGES (Business Account)	
	OBSOLETE PRODUCTS (Discarded)	
	UNIFORM (Red Jacket/Director's Suit)	
DEPRECIATION: LARGE PURCH Computer, Office Furniture, etc	IASES (Cost more than \$100 and last mor	e than 1 year)
DESCRIPTION	DATE PURCHASED	COST

MARY KAY EXPENSES (cont'd)

VEHICLE EXPENSE:	OWN	LEASE	(circle one)	
YEAR / MAKE / MODEL:				
DATE VEHICLE PLACED IN SERVICE FOR	BUSINES	S PURPOS	ES:	
TOTAL MILES DRIVEN DURING YEAR				
BUSINESS MILES DRIVEN DURING YEAR				
BUSINESS: PARKING, TOLLS, METERS				
FILL IN ONLY IF YOU DO NOT USE STAN	DARD MII	FAGE RAT	·F·	
ACTUAL EXPENSES:	<u> </u>	<u> </u>	<u></u>	
Cost of Vehicle	New	Used	(Circle one)	
Date Purchased/Leased:				
If Leased, Monthly Pmt:				
Gas, Oil, Insurance, Repa	airs, Tires _			
BUSINESS USE OF HOME:				
				<u>DIRECT</u>
TOTAL Square Footage of Home:		_		
Square Footage of Area	used regula	arly and exc	clusively for Business:	·
Mortgage Interest or Rent Paid for year:				
Real Estate Taxes				
Homeowner's Insurance				
Utilities				
Repairs, Maintenance				
Other Expenses (Lawn Care, Trash, etc)				

CHILD CARE

CARE PROVIDER'S NAME:		
ADDRESS:		
ID # (SS or EIN):		
AMOUNT PAID:		
CHILD'S NAME:		
CHILD'S NAME:		
CARE PROVIDER'S NAME:		
ADDRESS:		
ID # (SS or EIN):		
AMOUNT PAID:		
CHILD'S NAME:		
CHILD'S NAME:	-	
CARE PROVIDER'S NAME:		
ADDRESS:		
ID # (SS or EIN):		
AMOUNT PAID:		
CHILD'S NAME:		
CHILD'S NAME:	 	