

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 PURCHASES (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 _____

COMMISSIONS AND FEES _____

GIFTS _____

INSURANCE (not Health) _____

INTEREST (Bank Loans, Credit Cards) _____

LEGAL & PROFESSIONAL SERVICES (Accountant, Attorney, Tax Preparation) _____

MEALS/ENTERTAINMENT (Local Appts) _____

MEALS while out of town @ MK Event (Seminar, Career Conf, Retreat, etc) can be counted as PER DIEM for each day away---list #days AND state you traveled to: _____

OFFICE EXPENSE (Postage, Copy paper) _____

MARY KAY EXPENSES (cont'd)

VEHICLE EXPENSE:

OWN LEASE (circle one)

YEAR / MAKE / MODEL: _____

DATE VEHICLE PLACED IN SERVICE FOR BUSINESS PURPOSES: _____

TOTAL MILES DRIVEN DURING YEAR _____

BUSINESS MILES DRIVEN DURING YEAR _____

BUSINESS: PARKING, TOLLS, METERS _____

FILL IN ONLY IF YOU DO NOT USE STANDARD MILEAGE RATE:

ACTUAL EXPENSES:

Cost of Vehicle _____ New Used (Circle one)

Date Purchased/Leased: _____

If Leased, Monthly Pmt: _____

Gas, Oil, Insurance, Repairs, Tires _____

BUSINESS USE OF HOME:

DIRECT

TOTAL Square Footage of Home: _____

Square Footage of Area used regularly and exclusively 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:	_____