

SALON INCOME

Salon Name _____

Gross receipts or sales \$ _____

Booth rental income \$ _____

Returns and allowances \$ _____

Other business income \$ _____

Inventory at beginning of year \$ _____

Inventory at end of year \$ _____

TOTAL INCOME \$ _____

BUSINESS EXPENSES

Advertising \$ _____

Bank & Merchant Fees \$ _____

Business Insurance \$ _____

Contract Labor \$ _____

Legal & Prof. fees \$ _____

Meals & Ent. \$ _____

Office Expenses \$ _____

Other \$ _____

Payroll \$ _____

Rent - Shop/Office \$ _____

Repairs & Maint. \$ _____

Supplies* \$ _____

Taxes & Licenses \$ _____

Training/Educat. \$ _____

Travel \$ _____

Uniforms \$ _____

Utilities \$ _____

TOTAL BUSINESS EXPENSES \$ _____

VEHICLE INFORMATION

Year, Make & Model _____

Business Miles _____

Fuel, repairs & maint. \$ _____

Parking fees & tolls \$ _____

TOTAL VEHICLE EXPENSES \$ _____

***EXAMPLES OF SALON SUPPLY DEDUCTIONS**

Blow dryers	Mirrors	Sterilizer Boxes
Brushes	Nail Clippers	Styling Products
Carts & Trolleys	Nail Decals	Towels
Cotton Pads	Nail Polish	UV Lamps
Cuticle Pushers	Nail Polish Racks	
Dip Powders	PPE & Sanitizer	
Drills	Scissors	
Files	Shampoo	
Foils	Smocks	

CREDITS, DEDUCTIONS AND PAYMENTS

	YES	NO
Did you hire individuals from targeted groups (per IRS form 5884) who have faced barriers to employment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide child care facilities and services to employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you offer Small Business Health Options Program (SHOP) to employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a business vehicle that is electric or runs on alternative fuel?	<input type="checkbox"/>	<input type="checkbox"/>

ESTIMATED TAX PAYMENTS

****FEDERAL (Applied from 2023 federal refund)****

	Date Paid	Amount Paid
1st QTR	/ /	\$
2nd QTR	/ /	\$
3rd QTR	/ /	\$
4th QTR	/ /	\$
Total Paid		\$

****STATE (Applied from 2023 state refund)****

	Date Paid	Amount Paid
1st QTR	/ /	\$
2nd QTR	/ /	\$
3rd QTR	/ /	\$
4th QTR	/ /	\$
Total Paid		\$

****LOCAL (Applied from 2023 local refund)****

	Date Paid	Amount Paid
1st QTR	/ /	\$
2nd QTR	/ /	\$
3rd QTR	/ /	\$
4th QTR	/ /	\$
Total Paid		\$

CHARITABLE CONTRIBUTIONS

ONLY COMPLETE IF YOU DONATED MORE THAN \$250 FOR THE YEAR; OTHERWISE THE STANDARD DEDUCTION WILL APPLY

Organization Name	Tax Exempt	Date of contribution	Amount Paid
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
	<input type="checkbox"/>	/ /	\$
Total			\$

** ATTACH RECEIPTS **