



# BEAUTY INCOME AND EXPENSE WORKSHEET

(Use separate worksheet for each business)

**Business Name:**

**Business Location:**

**Tax Year:**

**You must prove your business exist**  
(please check all that apply)

- Business Cards/Stationary   
  Business License   
  Social Media/Website  
 Appointment Book   
  Others

Ever filed business income before?  
 YES     NO

How long have you had this business?  
 \_\_\_\_\_

Do you have proof of expenses paid and payments received?  
 YES     NO

**Description of business:**

**Booth Rent Received:**

**INCOME** (If you have 1099's PLEASE ATTACH)

Barber Services:  Cuts     Shaves     Trims     Make-up

Month	Lace Fronts	Wash/Wraps Reg. Hair	Wash/Wrap Weave Hair	Sew-Ins	Invisible Parts	Perms	Up-Do's	Braids (Reg. Hair)	Braids (Weave)	Nails	Brows & Lashes
January											
February											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December											
<b>TOTAL CUSTOMERS</b>											
Cost Per Style											
Total per Style											

**Total Annual Income Received:**

# EXPENSES

Type of vehicle used \_\_\_\_\_

Month	ADVERTISING <small>Cards/Flyers Social Media</small>	MILEAGE <small>Gas Paid</small>	SUPPLIES <small>Hair/Nail/Capes</small>	PAYROLL <small>*Contract Labor</small>	SHOP <small>Supplies Repairs</small>	PROFESSIONAL <small>Start-up/Legal Annual Fees/Bus. Ins</small>	RENT <small>Booth Storage Paid</small>	PHONE <small>App Services</small>	TRAVEL <small>Tolls/Parking Hotel/Flight</small>	OTHER <small>New Equipment Attire/Uniform</small>
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
Total										

**\*Contract Labor-** 1099s are required for all payments paid to contract labors in the amount of \$600.00 or more. Non-Filing penalty can be \$150 per recipient. If recipient does not provided W-9 info you are required to withhold 31% of their payment.

## Additional Notes:(Form-8829)

Home Office Expense  YES  NO

Business utilities used and amounts paid

Gas \_\_\_\_\_  Water \_\_\_\_\_  Sewage \_\_\_\_\_  
 Trash \_\_\_\_\_  Internet/Cable \_\_\_\_\_  Other \_\_\_\_\_

Property Taxes Paid \_\_\_\_\_     
 Property Insurance Paid \_\_\_\_\_     
 Mortgage Interest or House Rent Paid \_\_\_\_\_

**FOR OFFICE USE: Reconstruction of Income and Expenses Prepared by ARKED Enterprises**  YES  NO

By law you are required to keep adequate records. I am fully aware that I am Self-Employed and the information provided on this income and expense worksheet will be used for income tax purposes. By signing below under penalties or perjury, the information provided to ARKED Enterprises is true, complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date