

Mary Kay Cosmetics

Tax Organizer

Consultant: _____

General Information

Consultant Name: _____

Address: _____

Home Phone: () _____ Fax: () _____

Work Phone: () _____ Fax: () _____

E-Mail Address: _____

Social Security Number: _____

Month and Year joined Mary Kay: _____

You were recruited by: _____

Your sales director is: _____

I usually attend _____ regular unit meetings.
(Sales Director)

Sales Tax Rate you charge: _____ % County in which you live: _____

Sources of Income

Please be sure to include your Form 1099-MISC and Income Advisory Statement issued by Mary Kay.

Total RETAIL pink ticket personal sales for year: \$ _____
(Do NOT include sales tax, discounts or product hostess credits)

Product sold to other Consultants: \$ _____
(Do NOT include if already in Pink Ticket sales)

Total commissions received: \$ _____

Taxable value of prizes and awards received from Mary Kay as shown on Mary Kay Form 1099-MISC: \$ _____

Mary Kay Automobile: Type: _____ Year: _____

Date received Mary Kay Automobile: _____

Taxable value of Mary Kay Automobile as shown on Mary Kay Form 1099-MISC: \$ _____

Cost of Sales

January 1st Beginning Inventory (Wholesale Value) \$ _____
(Enter -0- if this is your first year selling Mary Kay)

Total Section 1 purchases during year (Wholesale) \$ _____

Total Section 1 purchases from other Consultants \$ _____
(Wholesale or actual purchase price)

Wholesale cost of Section 1 products used by you and your family, i.e. personal use \$ _____

Wholesale cost of products given as gifts to family, friends and customers \$ _____

Returns and Allowances/Spoilage (RETAIL) \$ _____
(Do not include product sent back for even replacement)

December 31st Ending Inventory (Wholesale) \$ _____

Wholesale is your cost

Expenses

Advertising:

Business cards, labels and stationery	\$	
Booth space, fairs and shows	\$	
Fliers and customer newsletters	\$	
Greeting, birthday and other cards	\$	
Newspaper advertisements	\$	
Prizes and awards	\$	
Promotional tools	\$	
Sales literature	\$	
Other: _____	\$	
_____	\$	

Bad Debts: *(if amount was included in sales and you fell the debt will not be collected)*

Customer NSF checks	\$	
Other: _____	\$	
_____	\$	

Bank Charges:

Monthly statement charges	\$	
Charge card annual fees/dues	\$	
Other: _____	\$	

Commissions:

	\$	
Dovetail commissions paid	\$	
Other: _____	\$	

Dues & Subscriptions:

Membership dues to business related organizations	\$	
Subscriptions to business and fashion magazines	\$	

Freight & Postage:

UPS charges	\$	
U.S. postal charges	\$	
Postage stamps	\$	
Other: _____	\$	

Insurance:

Mary Kay Product Replacement Insurance	\$	
Mary Kay Liability Insurance	\$	
Cost of self-employed health insurance	\$	
Other: _____	\$	

Interest:

Interest paid on loans to purchase business property/equipment (copier, computer, etc)	\$	
Credit card interest paid to purchase business property, inventory, etc	\$	
Other: _____	\$	

Legal & Professional Fees:

Business related legal and accounting fees \$ _____
Tax return preparation fees \$ _____
Other: _____ \$ _____

Office Expenses:

Furniture (desk, chair, calculator, etc) \$ _____
Office supplies (paper, pens, etc) \$ _____
Copying and printing \$ _____
Other: _____ \$ _____
_____ \$ _____

Rent on Business Property:

Rental/lease of business property (copier, computer, etc) \$ _____
Other: _____ \$ _____

Assets Purchased (for business use)	% of Mary Kay usage	Purchase Date	Purchase Price (including sales tax)
Computer			
Copy Machine			
Desk			
Fax Machine			
File Cabinets			
Printer			
Shelving			
Telephone/Answering Machine			
Television/VCR			
Video Camera			

Repairs:

Cost of repairs to business property \$ _____

Retirement Plans:

I participate in the Mary Kay/Invesco Rainbow Program: Yes No
(If yes, please attach year-end statement from Invesco)

Retirement Plans (cont.):

I have the following Retirement Plans established:

	<u>Annual Amount Contributed</u>
Individual Retirement Account (IRA)	\$ _____
Roth IRA	\$ _____
Simplified Employee Pension Plan (SEP)	\$ _____

Supplies:

Section 2 items purchased	\$ _____
Cost of Starter Kit	\$ _____
Items used for skin care classes (cotton balls & swabs, etc)	\$ _____
Baskets	\$ _____
Motivational & training tapes	\$ _____
Packaging materials	\$ _____
Ribbons & decorative supplies	\$ _____
Video tapes	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____

Travel:

Business Travel:	Dallas Seminar	Leadership Conference	Career Conference	Workshops	Other
Registration Fee					
Transportation					
Lodging					
Parking, Taxis, etc					
Tools, manuals, etc					
Miscellaneous					

Meals & Entertainment:

A receipt is required if the business meal is over \$25. For all business meals you are required to document date, time, place and business purpose, as well as the individuals attending the meal. It is best to keep receipts for ALL meals.

Total cost of meals \$ _____

Taxes:

Unrecovered sales tax \$ _____

Telephone:

Do you have a separate phone line dedicated to Mary Kay activity? Yes No

If yes, total of all billing on Mary Kay dedicated phone bills \$ _____

If no, total of monthly base rate billing for household phone line \$ _____
% of total phone usage allocated to Mary Kay activity _____ %

Actual amount of Mary Kay long-distance charges \$ _____

Do you have a cellular phone? Yes No

If yes, total cellular phone charges \$ _____
% of total cellular charges allocated to Mary Kay _____ %

Other Expenses:

Meeting room expenses \$ _____

Cost of miscellaneous items for home hospitality \$ _____

Hostess gifts OTHER than Mary Kay products \$ _____

Open house expenses \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

Miscellaneous Information/Questions

Home Office Expense

Valuation of your home:

Purchase price of your home	\$	
Value of the land included in price of your home	\$	
Cost of improvements to your home	\$	
Month and year acquired	Month:	
	Year:	

Percentage of your home used for business:

Total living square footage of home	
Square footage used exclusively for business	

Expenses for business use:

Direct Expenses:

Painting, etc of business area	\$	
Repairs to business area	\$	
Other: _____	\$	
_____	\$	

Indirect Expenses: (annual total)

Mortgage interest	\$	
Real Estate taxes	\$	
Property insurance	\$	
Rent	\$	
Repairs & Maintenance	\$	
Utilities: Electric	\$	
Gas	\$	
Water & Sewer	\$	
Other: _____	\$	
_____	\$	
_____	\$	

Automobile Expense

	Car #1	Car #2
Do you own or lease your car?	<input type="checkbox"/> Own <input type="checkbox"/> Lease	<input type="checkbox"/> Own <input type="checkbox"/> Lease
Year, make and model of car		
# of months used for Mary Kay in year		
Total miles driven during year		
Total Mary Kay miles driven during year		
Actual expenses: (must be used if leased)		
Gas, oil, lubrication, etc		
Repairs		
Tires, supplies, etc		
Lease payments		
Auto insurance		
Tags & licenses		
Interest on auto loan		
Car washes		
Auto club dues		
Parking fees		
Tolls		