

Name _____

SS# _____

MASSAGE THERAPIST WORKSHEET

ADVERTISING - bus. cards, publicity photos, resumés	
PROFESSIONAL SERVICES - sub contract labor, assistants	
INTEREST - paid on business expenses	
TAX PREPARATION FEES - legal and accounting fees	
POSTAGE - fax, Xerox, FedEx, messengers	
RENT	
REPAIRS - computer and equipment repair	
SUPPLIES - stationery, batteries, etc.	
TOOLS - table, therapeutic equipment	
TRAVEL - airfare, hotels, cabs, hotel	
MEALS & ENTERTAINMENT - business meals, food on location	
PHONE - used for business, answering service, cell, v-mail	
TRADE PUBLICATIONS -industry mags, books	
SEMINARS - trade shows	
GIFTS - promotional, client	
CLEANING / LAUNDRY - linens, towels	
RESEARCH	
IN-HOME STUDIO % of sqft used as studio	
UTILITIES electric, gas	
DUES - union dues, online fees, associations, memberships	
PARKING	
LOCATION - number of days on location	
MEDICAL - doctor, dentist, optometry	
MEDICAL INSURANCE	
MORTGAGE INTEREST	
REAL ESTATE TAX	
CHARITY - cash, check	
CHARITY - other	

VEHICLE EXPENSE:	VEHICLE 1	VEHICLE 2
Year vehicle was acquired		
Total Miles		
Business Miles		
Approx. miles per gallon		
Cost of insurance		
Repairs, tires, tune-ups		
Lease expense		
Vehicle Registration/DMV		

BUSINESS EQUIPMENT PURCHASED DURING THE YEAR:

Date Purchased	Description	Cost

CHECK LIST:

- Make sure all names are exactly as they appear on the social security cards.
- Subtotal all your receipts and write them in under the appropriate categories.
- Bring all W-2s and 1099s with you.
- If you sold any stocks, bring in all information, including date and price of purchase and sale.
- Make sure Social Security numbers are included for all children (dependents).
- Fill out the following:

Address: _____

City _____ State _____ Zip _____

Phone: home _____ work _____ cell _____

email: _____

prepared by:

H.N.R. CLARK

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FOR OFFICE USE ONLY:

ESTIMATED FED REFUND \$ _____ ESTIMATED STATE REFUND \$ _____