

RECORD KEEPING SHEET

1 Set per Month

NAME _____
 MONTH _____

INCOME TAX INFORMATION
 YEAR ENDING DEC. 31, 20__

	CURRENT MONTH	YR-TO-DATE
INCOME:		
1. GROSS (RETAIL) SALES (FROM WEEKLY ACCOMP SHEET)\$ _____	\$ _____	\$ _____
2. OTHER INCOME:		
4%-13% COMMISSIONS	\$ _____	\$ _____
PRIZES & AWARDS	\$ _____	\$ _____
DOVETAIL FEES	\$ _____	\$ _____
COMPANY CAR	\$ _____	\$ _____
CAR INSURANCE	\$ _____	\$ _____
DIRECTOR COMMISSIONS	\$ _____	\$ _____
TOTAL OTHER INCOME		\$ _____
3. INTEREST INCOME:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL INCOME		\$ _____

COST OF SALES:		
1. PRODUCT PURCHASES (WHSLE SEC. 1 FROM CO.)	\$ _____	\$ _____
2. PRODUCT USED FOR PERSONAL USE (WHSLE)	\$ _____	\$ _____
3. PRODUCT GIVEN AS GIFTS (ADVERTISING PURPOSES -WHSLE)	\$ _____	\$ _____
4. DISCONT'D PROD. (CAN'T BE SOLD/RET'D-WHSLE)	\$ _____	\$ _____
5. PRODUCT USED FOR DEMONSTRATION (WHSLE)	\$ _____	\$ _____
6. INVENTORY AT BEGINNING OF YEAR (WHSLE) (CLOSING INVENTORY FOR PRIOR YEAR)	\$ _____	\$ _____
7. INVENTORY AT END OF YEAR (WHSLE) (CLOSING INVENTORY ON 12/31 PRESENT YEAR)	\$ _____	\$ _____
TOTAL COST OF SALES		\$ _____

DEDUCTIONS:		
1. New Car _____ (yr/model) Date P/U: _____ MILEAGE: Begin Odometer: _____ Ending Odometer _____		
1a. Current Car MILEAGE: Begin Odometer _____ Ending Odometer _____		
TOTAL MILES ON BUSINESS AUTO	_____	_____
BUSINESS MILES ON BUSINESS AUTO	_____	_____
COST OF AUTO \$ _____ DATE PURCHASED _____	_____	_____
OR MONTHLY LEASE PAYMENT	_____	_____
2. AUTO EXPENSE:		
AUTO PAYMENTS	\$ _____	\$ _____
GASOLINE	\$ _____	\$ _____
REPAIRS	\$ _____	\$ _____
**INSURANCE	\$ _____	\$ _____
LICENSE TAG	\$ _____	\$ _____
PARKING & TOLLS	\$ _____	\$ _____
CAR WASHES	\$ _____	\$ _____
TOTAL AUTO EXPENSE		\$ _____
3. INTEREST PAID:		
BUSINESS LOANS	\$ _____	\$ _____
GAS CARD	\$ _____	\$ _____
LOC	\$ _____	\$ _____
CC- Cap 1 _____	\$ _____	\$ _____
Sandia CC _____	\$ _____	\$ _____
Citi CC _____	\$ _____	\$ _____
Sams Club _____	\$ _____	\$ _____
Navy CC _____	\$ _____	\$ _____
TOTAL INTEREST PAID		\$ _____

		CURRENT MONTH	YR-TO-DATE
4	BAD DEBTS:		
	PRODUCT SOLD-NOT COLLECTABLE (RETAIL)	\$ _____	\$ _____
	DIRECTOR (MONIES NOT COLLECTED)	\$ _____	\$ _____
	TOTAL BAD DEBTS		\$ _____
5.	BUSINESS EXPENSE:		
	A. ADVERTISING		
	SALES AIDS (SEC. 2 - COMPANY)	\$ _____	\$ _____
	PCP PREMIUMS (SEC. 2 - COMPANY)	\$ _____	\$ _____
	NEW CONSULTANT SHOWCASES	\$ _____	\$ _____
	BUSINESS CARDS	\$ _____	\$ _____
	HOSTESS CREDIT AT COST (OR DISCOUNTS)	\$ _____	\$ _____
	DOVETAIL FEES PAID	\$ _____	\$ _____
	PREFERRED CLIENT PROGRAM (PCP) NAMES	\$ _____	\$ _____
	MISC (booth fee, table, book advertizing)	\$ _____	\$ _____
	TOTAL ADVERTISING		\$ _____
	B. TELEPHONE:		
	CALL IN ORDERS (PHONE CHARGES)	\$ _____	\$ _____
	LEASED EQUIPMENT	\$ _____	\$ _____
	CELL PHONE CHARGES	\$ _____	\$ _____
	INDEPENDENT BUSINESS LINE (ALL CHARGES)	\$ _____	\$ _____
	INDEPENDENT BUSINESS FAX LINE (ALL CHARGES)	\$ _____	\$ _____
	DIRECTOR YELLOW PAGE LISTING	\$ _____	\$ _____
	DIRECTOR WHITE PAGE LISTING	\$ _____	\$ _____
	TOTAL TELEPHONE		\$ _____
	C. OFFICE EXPENSES:		
	*POSTAGE (INCLUDING FREIGHT ON ORDERS)	\$ _____	\$ _____
	PRINTING	\$ _____	\$ _____
	SUPPLIES	\$ _____	\$ _____
	OFFICE EQUIPMENT	\$ _____	\$ _____
	OFFICE FURNITURE	\$ _____	\$ _____
	REPAIRS/MAINTENANCE OFFICE EQUIPMENT	\$ _____	\$ _____
	OFFICE LABOR (CONTRACT SERVICES)	\$ _____	\$ _____
	BANK CHARGES, MONEY ORDERS	\$ _____	\$ _____
	PROPAY (including annual subscription)	\$ _____	\$ _____
	INTERNET PROVIDER	\$ _____	\$ _____
	WEBSITE MAINTENANCE		
	WEBMISTRESS \$ _____		
	UNITNET \$ _____	\$ _____	\$ _____
	SUGAR SYNC	\$ _____	\$ _____
	MISCELLANEOUS	\$ _____	\$ _____
	TOTAL OFFICE EXPENSE		\$ _____
	D. MISCELLANEOUS:		
	CONTRIBUTIONS/GIFTS (OTHER THAN RETAIL		
	PRODUCT OR DISCOUNTS/CREDITS)	\$ _____	\$ _____
	NON-RECOVERABLE TAX	\$ _____	\$ _____
	*SALES TAX ON INVENTORY PURCHASES	\$ _____	\$ _____
	IN-TOUCH-MK WEBSITE	\$ _____	\$ _____
	BUSINESS MEALS (total amount)	\$ _____	\$ _____
	MAGAZINES (GLAMOUR, ESSENCE, ETC.)	\$ _____	\$ _____
	CLASS MATERIALS & SUPPLIES		
	(OTHER THAN SEC. 2 - COMPANY)	\$ _____	\$ _____
	DIRECTOR PROMOTIONS	\$ _____	\$ _____
	**DIRECTOR SUBSCRIPTION/U SUPP PKG	\$ _____	\$ _____
	**COMPANY SUBSCRIPTION FEES/DESKTOP	\$ _____	\$ _____
	MEETING ROOM EXPENSE	\$ _____	\$ _____
	BABYSITTING/CHILD CARE	\$ _____	\$ _____
	DRY CLEANING: BEAUTY COAT	\$ _____	\$ _____
	HEALTH INSURANCE PREMIUMS: (after tax, out of pocket)	\$ _____	\$ _____
	MEDICAL PAYMENTS/CO-PAY	\$ _____	\$ _____
	VISION	\$ _____	\$ _____
	DENTAL	\$ _____	\$ _____
	PRESCRIPTION	\$ _____	\$ _____
	ACCOUNTANT FEES	\$ _____	\$ _____
	OUTSIDE STORAGE	\$ _____	\$ _____
	MISC/DS	\$ _____	\$ _____
	TOTAL MISCELLANEOUS		\$ _____

	CURRENT MONTH	YR-TO-DATE	
E. BUSINESS TRAVEL: DESTINATION _____			
TRAVEL MEALS _____ DAYS @ \$ _____	\$ _____	\$ _____	
REGISTRATION FEES: ADVANCE	\$ _____	\$ _____	
LEADERSHIP FEES	\$ _____	\$ _____	
CAREER CONFERENCE	\$ _____	\$ _____	
SEMINAR	\$ _____	\$ _____	
PLANE TRAIN & AUTO/BUS FARES	\$ _____	\$ _____	
HOTEL OR MOTEL	\$ _____	\$ _____	
CAR RENTAL OR GAS	\$ _____	\$ _____	
BUS OR TAXI	\$ _____	\$ _____	
TIPS (BAGGAGE, MEALS, ETC.)	\$ _____	\$ _____	
LAUNDRY/DRY CLEANING	\$ _____	\$ _____	
MISC CASH	\$ _____	\$ _____	
TOTAL BUSINESS TRAVEL			\$ _____
F. SELF-IMPROVEMENT/CONT. EDUCATION	\$ _____	\$ _____	
WORKSHOP FEES	\$ _____	\$ _____	
SPECIAL AREA EVENTS	\$ _____	\$ _____	
MOTIVATIONAL COURSES, BOOKS, TAPES	\$ _____	\$ _____	
OTHER	\$ _____	\$ _____	
TOTAL SELF-IMPROVEMENT			\$ _____
G. STUDIO OFFICE EXPENSES:			
RENT	\$ _____	\$ _____	
UTILITIES – GAS \$ _____			
ELEC \$ _____	\$ _____	\$ _____	
HOUSEKEEPING	\$ _____	\$ _____	
TOTAL STUDIO EXPENSES:			\$ _____
H. OFFICE IN-HOME EXPENSES:			
SQUARE FOOTAGE _____			
SQUARE FOOTAGE OF OFFICE & STORAGE SPACE _____		_____ %	
RENT FOR YEAR OR	\$ _____	\$ _____	
IF BUYING, COST OF HOME	\$ _____	\$ _____	
UTILITIES:			
HOUSE KEEPING	\$ _____	\$ _____	
ELECTRICITY/GAS	\$ _____	\$ _____	
WATER & SEWER & GARBAGE	\$ _____	\$ _____	
PEST CONTROL	\$ _____	\$ _____	
WATER SOFTNER	\$ _____	\$ _____	
ASSOCIATION FEES	\$ _____	\$ _____	
REPAIRS	\$ _____	\$ _____	
INSURANCE:	\$ _____	\$ _____	
-MORTGAGAGE INSURANCE	\$ _____	\$ _____	
-HAZARD INSURANCE	\$ _____	\$ _____	
INTEREST	\$ _____	\$ _____	
TAXES:	\$ _____	\$ _____	
REAL ESTATE TAXES	\$ _____	\$ _____	
QUARTERLY TAX PAYMENTS	\$ _____	\$ _____	
**NM GROSS RECEIPTS TAX			
ON DIRECTOR'S COMMISSIONS	\$ _____	\$ _____	
TOTAL OFFICE EXP:			\$ _____

- ☺ **REMEMBER TO MAKE COPIES!**
- ☺ **ONCE A MONTH SIT DOWN AND FILL IN CURRENT MONTH COLUMN AND EXTEND TO YEAR TO DATE.**
- ☺ **AT THE END OF YEAR YOU WILL DO AN ACTUAL INVENTORY AND YOUR TAXES ARE DONE!!!**