

NAME: \_\_\_\_\_

# HAIR STYLIST / SALON QUESTIONNAIRE

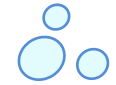
GROSS INCOME:

FROM: CLIENTS:

PRODUCT:

RENTS:

TOTAL:



INVENTORY / PRODUCT:

*(all @ your cost)*

*only if you Retail Products*

BEGINNING INVENTORY

COST OF

PURCHASED PRODUCT

GOODS SOLD:

ENDING INVENTORY

COST OF MATERIALS USED:



EXPENSES:

ADVERTISING \_\_\_\_\_

CONTRACT LABOR \_\_\_\_\_

EMPLOYEE EXPENSES \_\_\_\_\_

INSURANCE \_\_\_\_\_

INTEREST (OTHER) \_\_\_\_\_

LEGAL & PROFESSIONAL \_\_\_\_\_

OFFICE EXPENSE \_\_\_\_\_

EQUIPMENT RENTAL \_\_\_\_\_

PROPERTY RENT OR LEASE \_\_\_\_\_

REPAIRS \_\_\_\_\_

SUPPLIES \_\_\_\_\_

UTILITIES & \_\_\_\_\_

TELEPHONE \_\_\_\_\_

OTHER EXPENSES:

BANK FEES \_\_\_\_\_

DUES, BOOKS, MAGAZINES \_\_\_\_\_

EDUCATION \_\_\_\_\_

JANITORIAL \_\_\_\_\_

LAUNDRY & CLEANING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TAXES PAID:

SALES TAX \_\_\_\_\_

REAL ESTATE \_\_\_\_\_

LICENSES & PERMITS \_\_\_\_\_

PAYROLL TAXES: \_\_\_\_\_

FICA \_\_\_\_\_ ETT \_\_\_\_\_

MEDICARE \_\_\_\_\_ UI \_\_\_\_\_

FUTA \_\_\_\_\_ TOTAL: \_\_\_\_\_

TRAVEL:

HOTELS / AIRFARE \_\_\_\_\_

BUS, TAXI, ETC. \_\_\_\_\_

MEALS & ENTERTAINMENT \_\_\_\_\_

\_\_\_\_\_

WAGES (W-2 Employees) \_\_\_\_\_

OUTSIDE SERVICES \_\_\_\_\_

SECURITY \_\_\_\_\_

TOOLS \_\_\_\_\_

UNIFORMS \_\_\_\_\_

MERCHANT FEES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# HAIR STYLIST / SALON QUESTIONNAIRE

(continued)



## MAJOR IMPROVEMENTS, NEW FURNITURE & LARGE PURCHASES:

Description:	Date Purchased	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## VEHICLE INFORMATION:

Yr / Make / Model _____	Purchase Date _____	Lease / Purchase _____
<b>ODOMETER</b> Beginning: _____	Price _____	Lease Fees _____
<b>READING:</b> Ending: _____	Interest Paid _____	Sales Tax _____
Total Miles _____	Registration _____	Insurance _____
Business Miles _____	Parking/Tolls _____	Repairs _____
Commuting Miles _____	Months Used _____	Gas _____
Avg. Daily R/T Com. _____		

Yr / Make / Model _____	Purchase Date _____	Lease / Purchase _____
<b>ODOMETER</b> Beginning: _____	Price _____	Lease Fees _____
<b>READING:</b> Ending: _____	Interest Paid _____	Sales Tax _____
Total Miles _____	Registration _____	Insurance _____
Business Miles _____	Parking/Tolls _____	Repairs _____
Commuting Miles _____	Months Used _____	Gas _____
Avg. Daily R/T Com. _____		