

MONTHLY *expense* TRACKING

Track your Expenses for the month here. Keep all your business receipts for the month in an envelope or file folder. You can also put your Girl Boss Mileage Tracker in your car. At the end of the year turn in your Girl Boss Year End Tax Sheet, your Monthly Expenses, Mileage Trackers and receipts in to your accountant, or use them to file your taxes yourself.

TAX DEDUCTION CATEGORIES: ::

Advertising Expenses:

- Booths
- Product Gifts {Including the retail tax you paid}
- Demo Products {Including the retail tax you paid}
- Printed Material
- Other Advertising Expenses

Meals and Entertainment Expenses:

- Coffee Appointments
- Luncheons/Brunches
- Meals on trips
- Star Party or other outings

Travel Expenses:

- Airfare
- Hotel
- Cabs/Parking/Toll
- Tips

Education Expenses:

- Conferences/Workshops/Meeting Fees
- Books/Audio Training

Charitable Donations:

- Cash/Product Donations

Bad Debts:

- Uncollected Sales or Sales Tax

Office Expenses:

- Computer/Internet Expenses
- Phone Expenses
- Office Equipment (computers, desk, printers, etc)
- Office Supplies

Outside Services/Contracted Labor:

- Office Help/Office Manager/Office Assistant
- Cleaning Services
- Repairs and Maintenance

Car Expenses:

- Gas/Car Wash (If you drive a company vehicle)
- Maintenance/Repairs/Oil
- Insurance/Lease Car Payments/Auto Loan Interest /License & Registration
- Parking/Toll

Business Expenses:

- Bank/Propay/Credit Card service charges
- Dovetailing paid to another Consultant
- Dues & Subscriptions (magazines, publications, networking meetings, chamber of commerce, annual credit card fee, membership fee, etc)
- Equipment Rentals
- Finance Charges/Interest paid on business loans
- Non-Product Gifts
- Insurance (business liability, product replacement)
- Legal and Professional Fees (accountants, attorneys)
- Licenses and Fees
- Meeting Room Rentals/Studio Rent
- Non-collected sales tax on personal use products
- Postage and Delivery
- Preferred Customer Program
- Team/Unit Prizes
- Section 2 Items (look books, applicators, ect)
- Starter Kit Costs
- Red Jacket/Director or National Suit
- Buzz Box (Directors)
- Miscellaneous Business Supplies

EXPENSES:	AMOUNT:	CATEGORY:	RECEIPT:
1. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. _____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

THIS *month's* TOTALS

Mortgage/Rent: _____ Utilities: _____
 Child Care: _____ Mileage: _____
 Health Insurance: _____

— Retail Sales for the month: —

