

PULLEY TAX SERVICE

Massage Therapist

Name : _____
 Phone : _____

<i>Professional Expenses</i>		<i>Massage Expenses</i>	
Licensing	\$ _____	Body System Chart	\$ _____
Association Dues	\$ _____	Bottles & Dispensers	\$ _____
Liability Insurance	\$ _____	Carry Case	\$ _____
<i>Continuing Education</i>		Hot Packs & Heating Pads	\$ _____
Tuition & Seminars	\$ _____	Laundry Expense	\$ _____
Materials & Supplies	\$ _____	Linens, Bedding, Bolsters	\$ _____
Books	\$ _____	Massage or Reflexology Chair	\$ _____
<i>Business Expenses</i>		Massage Tools Microwave	\$ _____
Accounting & Bookkeeping	\$ _____	Oils, Creams & Scrubs	\$ _____
Advertising	\$ _____	Portable Chair	\$ _____
Bank Charges	\$ _____	Skeleton Model	\$ _____
Cellular Charges	\$ _____	Stones & Stone Heater	\$ _____
Cleaning Services	\$ _____	Table Warmer	\$ _____
Client Gifts & Cards	\$ _____	Table, Stationary or Portable	\$ _____
Client Snacks	\$ _____	Towels	\$ _____
Decorative Items	\$ _____	Uniform Alterations	\$ _____
Health Insurance	\$ _____	Uniform Cleaning	\$ _____
Landline Phone	\$ _____	Uniforms	\$ _____
Office Supplies	\$ _____	Videos, Books & Publications	\$ _____
Utilities (non-home)	\$ _____	Other:	\$ _____
Other:	\$ _____	<i>Travel - Out of Town</i>	
<i>Auto Travel (In miles)</i>		Airfare	\$ _____
Away from Home Overnight	mi _____	Car Rental	\$ _____
Between Jobs or Job Locations	mi _____	Parking	\$ _____
Continuing Education	mi _____	Taxi & Train	\$ _____
Meetings	mi _____	Bus & Subway	\$ _____
Purchasing Job Supplies & Materials	mi _____	Lodging (do not combine with meals)	\$ _____
Seminars	mi _____	Meals (do not combine with lodging)	\$ _____
Parking Fees & Tolls (\$)	\$ _____	Porter, Bell Captain	\$ _____
Other:	mi _____	Laundry	\$ _____
Other:	mi _____	Bridge & Highway Tolls	\$ _____
<i>Miscellaneous Expenses</i>		Telephone Calls (including home)	\$ _____
Computer/Printer	\$ _____	Other:	\$ _____
PO Box	\$ _____	Other:	\$ _____
Resumé	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____
Other:	\$ _____	Other:	\$ _____

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