

Business Profit & Loss

Year _____

Client Name: _____

Type of Business _____

Income

Gross Receipts/Sales _____
Returns _____
Other income _____

Expenses

Advertising _____
Car/Truck Expenses _____
(if not using mileage)
Commissions' _____
Credit Card Fees _____
Contract Labor _____
Employee Benefits _____
Health Insurance _____
Insurance _____
(Wkrs Comp, Liability)
Mortgage Interest _____
Other Interest _____
(bus credit card, etc)
Legal & Prof Fees _____
Licenses _____
Office Expenses _____
Pension/Profit Sharing _____
Vehicle or Mach Rentals _____
Rent *(other)* _____
Repairs & Maintenance _____
Supplies _____
Taxes *(Sales, Property, etc)* _____
Travel _____
Meals _____
Utilities _____
Wages _____

Number of miles driven
For business _____

*I certify that the above information is true
and correct to the best of my knowledge.

Signature

Beginning Inventory _____
Purchases (Less Personal) _____
Materials & Supplies _____
Other Costs _____
Ending Inventory _____

Other Expense (Such As)

Cell Phone _____
Materials _____
Education (Continuing, etc) _____
Tools _____
Small Equipment _____
Safety Equipment _____
Toys (if Daycare) _____

Office in the Home
Total Square Ft of Home _____
Total Square Ft of Office _____
Homeowners/Renters Insur _____
Rent _____
Repairs & Maintenance _____
Property Taxes _____
Mortgage Interest _____
Utilities _____
(Cable, Water, Phone, Garbage, Electricity)

Number of nights away
from home for business _____

Date