

PROFIT / LOSS STATEMENT

FOR

CLIENT NAME: _____

BUSINESS NAME: _____

MONTH OF: _____, YEAR: _____

(One sheet must be completed for each month for each of the 6 months prior to filing)

REGULAR INCOME / EXPENSES FROM OPERATION OF BUSINESS

Gross Monthly Business INCOME: \$ _____

Average Monthly Business EXPENSES:

Car & Truck Expenses: \$ _____

Insurance \$ _____

Legal & Professional Services \$ _____

Office Expenses \$ _____

Repairs & Maintenance \$ _____

Meals \$ _____

Utilities \$ _____

Rent \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total Monthly Business EXPENSES: \$ _____

NET MONTHLY BUSINESS INCOME: \$ _____