

Self-Employed Profit & Loss

BUSINESS NAME and FED ID # (IF APPLICABLE): _____

PRINCIPAL ACTIVITY/SERVICE: _____

INCOME (WRITE IN WHOLE DOLLAR AMOUNTS) GROSS RECEIPTS OR SALES:

\$ _____ --

COST OF GOODS SOLD:

PURCHASE OF MATERIALS \$ _____

LABOR/SUBCONTRACTOR COSTS \$ _____

EXPENSES (WRITE IN WHOLE DOLLAR AMOUNTS)

ADVERTISING \$ _____ COMMISSIONS \$ _____ INSURANCE \$ _____

INTEREST \$ _____ LEGAL/PROFESSIONAL FEES \$ _____

OFFICE EXPENSES \$ _____

RENT OR LEASE OF: RENT OR LEASE OF: VEHICLES, MACHINERY, EQUIP \$ _____

BUSINESS PROPERTY \$ _____

REPAIRS/MAINTENANCE \$ _____

SUPPLIES \$ _____ LICENSES & PERMITS \$ _____

TRAVEL \$ _____

MEALS & ENTERTAINMENT \$ _____ TELEPHONE \$ _____

UTILITIES \$ _____ HEALTH INSURANCE \$ _____

AUTO/TRUCK EXPENSE (GAS OR MILES) _____

BANK & CREDIT CARD FEES \$ _____ EQUIPMENT PURCHASES \$ _____

OTHER EXPENSES (PLEASE LIST): _____

Client Name

Date

Client Signature