

Profit or Loss from Business

Period Ended: _____

Business Name (leave blank if same as Proprietor): _____

Proprietor Name: _____

EIN or SSN: _____ Business Address: _____

Type of Business: _____

Optional worksheets below

INCOME:

Gross Income/Revenue/Sales(A)	
Subtract: Cost of Goods Sold or Cost of Sales (B)	
Gross Profit	

EXPENSES:

Advertising	
Bank and Merchant Fees	
Auto and Truck Expense(C)	
Commissions and Fees	
Contract Labor	
Depreciation	
Dues and Subscriptions	
Employee Benefit Programs	
Insurance (NOT Health Insurance)	
Interest	
Legal and Profession services	
Licenses and Permits	
Office and Software Expense	
Pension and Profit Sharing Plans	
Rent or Lease - Vehicles, Machinery, Equipment	
Rent or Lease - Other Business Property	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Telephone and Internet	
Travel	
Meals	
Utilities	
Wages	
Payroll Tax	
Officer Salary	
Other Expenses (from D):	

(A) Sales and Receipts:
Sales/Receipts:
On 1099 _____
Non 1099 _____
Total <u> </u>
(B) Cost of Goods or Sales
Beginning Inv _____
Purchases _____
Freight IN _____
Labor/Subs _____
Less: Ending Inv _____
Total <u> </u>
(C) Auto & Truck Expenses:
Make/Model/Year Auto #1:
Make/Model/Year Auto #2:
#1 Bus. Miles _____
#1 Pers. Miles _____
#2 Bus. Miles _____
#2 Pers. Miles _____
(D) OTHER EXPENSES:
Total <u> </u>

Total Expenses _____
Net Income