

Monthly Profit & Loss Statement
Complete one form for each month

For _____
(Name of Business)

Month/Year _____

Income:

1. Your Monthly Gross Business Income \$ _____

Monthly Business Expenses:

2. Advertising/marketing \$ _____

3. Credit/Debit Card Fees \$ _____

4. Equipment Rental/Lease \$ _____

5. Insurance Expense \$ _____

6. Licenses/Permits \$ _____

7. Office Supplies Expense \$ _____

8. Postage & Delivery \$ _____

9. Rent- Office/Storage Space, Etc. \$ _____

10. Supplies/Materials Expense \$ _____

11. Travel/Entertainment \$ _____

12. Utilities Expense \$ _____

13. Vehicle Expense \$ _____

Other Monthly Business Expenses:

14. _____ \$ _____

15. _____ \$ _____

16. _____ \$ _____

17. _____ \$ _____

18. TOTAL MONTHLY OPERATING EXPENSES \$ _____

(Add lines 2 through 17= line 18)

19. PROFIT OR (LOSS) FROM MONTHLY NET BUSINESS INCOME \$ _____

(Line 1 minus line 18= line 19)

PREPARED BY: _____

DATE PREPARED: _____