

Community Services Department 520 W. Lake Mary Blvd, Suite 100, Sanford, FL cscustomerservice@seminolecountyfl.gov 407-665-2300

Monthly Profit & Loss Statement



| | For \ | /lonth |
|-------|----------------------------------------------------------------------------|-----------------|
| | (Name of Business) | |
| Incom | e: | |
| 1. | Your Monthly Gross Business Income | \$ |
| Montl | nly 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 BUS (Line 2 minus line 18= line 19) | INESS INCOME \$ |