

BUSINESS PROFIT/LOSS WORKSHEET

Name of Business: _____
Description of Business: _____

INCOME \$ _____

EXPENSES

Accounting \$ _____
 Advertising \$ _____
 Answering Service \$ _____
 Auto and truck Expenses \$ _____
 Bad Debts \$ _____
 Bank Charges \$ _____
 Commissions Paid \$ _____
 Compensation of Officers \$ _____
 Delivery and Freight \$ _____
 Dues and Subscriptions \$ _____
 Employee Benefit Programs \$ _____
 Gifts \$ _____
 Insurance \$ _____
 Interest \$ _____
 Janitorial \$ _____
 Laundry and Cleaning \$ _____
 Legal and Professional \$ _____
 Licenses and Permits \$ _____
 Meals and Entertainment \$ _____
 Miscellaneous \$ _____
 Office Expense \$ _____
 Outside Services/Subcontractors \$ _____
 Parking and Tolls \$ _____
 Pensions, Profit-Sharing Plans \$ _____
 Postage \$ _____
 Printing \$ _____
 Rents \$ _____
 Repairs and Maintenance \$ _____
 Salaries and Wages \$ _____
 Security \$ _____
 Supplies \$ _____
 Payroll Taxes \$ _____
 Other Taxes \$ _____
 Telephone \$ _____
 Tools \$ _____
 Travel \$ _____
 Uniforms \$ _____

(IF SELLING A PRODUCT)

Beginning Inventory \$ _____
 Product Purchased \$ _____
 Personal Use Items \$ _____
 Materials/Supplies \$ _____
 Misc. Costs \$ _____
 Ending Inventory \$ _____

Other Expenses

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Mileage:

Total Miles Driven: _____
Business Miles: _____

x _____
Signature

Equipment Purchased:

Item: _____ **Date:** _____ **Cost:** \$ _____
Item: _____ **Date:** _____ **Cost:** \$ _____
Item: _____ **Date:** _____ **Cost:** \$ _____
Item: _____ **Date:** _____ **Cost:** \$ _____
Item: _____ **Date:** _____ **Cost:** \$ _____

Assets/Liabilities: (as of 12/31) (if the business is a corporation or partnership only)

Bus. Checking Acct. Balance _____ **Debts:** _____