

PROFIT & LOSS STATEMENT (Cash method of accounting)

BUSINESS NAME: _____ Case # _____

Month Period _____/20____

(Include business income and expenses only - do not include personal household income or expenses)
(Not all of the listed categories will apply to your business)

INCOME

- 1. Gross Receipts \$ _____
- 2. Cost of Goods Sold:
 - (a) Purchases \$ _____
 - (b) Cost of Labor (not including employee's salary) \$ _____
 - (c) Materials & Supplies \$ _____
- TOTAL Cost of Goods Sold: \$ _____
- 3. Gross Profit (subtract line 2 from line 1) \$ _____
- 4. Other Income \$ _____
- 5. Gross Income (add lines 3 & 4) \$ _____

EXPENSES

- 6. Business Location - Rent/Lease Expense or Mortgage Payment \$ _____
- 7. Salaries & Wages of Employees (excluding owner draws) \$ _____
- 8. Contract Labor \$ _____
- 9. Employee Benefits (insurance, parking, etc.) \$ _____
- 10. Equipment Lease Payments \$ _____
- 11. Secured Debt Payments (vehicles, equipment, etc.) \$ _____
- 12. Supplies (not included in 2(c) above) \$ _____
- 13. Utilities (excluding telephone) \$ _____
- 14. Telephone \$ _____
- 15. Repairs & Maintenance \$ _____
- 16. Miscellaneous Office Expenses \$ _____
- 17. Advertising \$ _____
- 18. Travel & Entertainment \$ _____
- 19. Professional Fees (attach list indicating name and purpose of professionals) \$ _____
- 20. Insurance:
 - (a) Liability \$ _____
 - (b) Property \$ _____
 - (c) Vehicle \$ _____
 - (d) Worker's Compensation \$ _____
 - (e) Other _____ \$ _____
- 21. Taxes:
 - (a) Payroll \$ _____
 - (b) Sales \$ _____
 - (c) Other _____ \$ _____
- 22. Other Expenses:
 - _____ \$ _____
- 23. Total Expenses (add lines 6 through 21) \$ _____

TOTAL NET PROFIT/LOSS FOR THE PERIOD (subtract line 23 from line 5) \$ _____

I/WE declare under penalty of perjury that the information provided on the enclosed profit and loss statement is true and correct to the best of my/our knowledge, information and belief.

Debtor: _____ Date: _____

Debtor: _____ Date: _____

Preparer, if someone other than the debtor:

Signature: _____ Date: _____

Printed Name: _____ Telephone Number: _____