SELF-EMPLOYED PROFIT AND LOSS STATEMENT

Statement of Income and Expenses

Owner Name:

Business Name:

Business Type:

Period Start Date:

Period End Date:

Revenue Source	**Amount ($)**
GROSS REVENUE / SALES	
Gross Receipts / Professional Fees	
Other Business Income	
Total Gross Revenue (A)	

Operating Expenses	**Amount ($)**
EXPENSES	
Advertising and Marketing	
Car and Truck Expenses	
Commissions and Fees	
Contract Labor	
Insurance (other than health)	
Legal and Professional Services	
Office Expenses & Supplies	
Rent or Lease (Vehicle, Machinery, Property)	
Repairs and Maintenance	
Travel, Meals, and Entertainment	
Utilities and Phone	
Other Expenses	
Total Operating Expenses (B)	

Net Profit or Loss (A - B)	

I certify that the information provided in this Profit and Loss Statement is true, accurate, and complete to the best of my knowledge.

Self-Employed Owner Signature

Date