SELF-EMPLOYMENT PROFIT AND LOSS STATEMENT

Owner Name: _____ **Period From:** _____

Business Name: _____ **Period To:** _____

Revenue / Income	Amount ($)
Gross Sales / Receipts	
Other Business Income	
Total Revenue	

Expenses	Amount ($)
Advertising and Marketing	
Car and Truck Expenses	
Commissions and Fees	
Insurance (other than health)	
Legal and Professional Services	
Office Expense / Postage	
Rent or Lease (Vehicle, Machinery, Property)	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel, Meals, and Entertainment	
Utilities (Phone, Internet, Electricity)	
Other Expenses	
Total Expenses	

Net Profit or Loss (Total Revenue minus Total Expenses)	

Owner Signature: _____ **Date:** _____