Monthly Profit & Loss Statement

(Must cover the most recent full 3-month period)



For the Period: through		through	(For	mat; MM/DD/YYYY)
Name	of Business:			
	ntage of Ownership:			
Incom	e:			
1.	Your Business Income		\$	
2.	Cost of Goods Sold (if applicable	e):	\$	
3.	Total Income:		\$	
Busine	ess Expenses:			
4.	Salary/Payroll:		\$	
5.	Advertising/Marketing:		\$	
6.	Credit/Card/Debit Card Fees:		\$	
7.	Equipment Rental/Lease:		\$	
8.	Insurance Expense:		\$	
9.	Licenses/Permits:		\$	
10	Office Supplies Expense:		\$	
11	. Postage & Delivery:		\$	
12	Rent Office/Storage Space, etc.:		\$	
13	Supplies/Materials Expense:		\$	
14	Travel/Entertainment:		\$	
15	Utilities Expense:		\$	
16	Vehicle Expense:		\$	
Ot	her Business Expenses (not listed			
17.			\$	
18.			\$	
19.			\$	
	tal Operating Expenses: ld Lines 4-19 = 20)			
20.			\$	
	ofit or (Loss) from business: ne 3 (Total income) minus line 20 =	= 21)		
21.			\$	
Owner	Signature:			_
Date:	_			

Loan Number: 0674035985

