| Company Name:  | Year:  |          |  |  |
|--|--------|----------|--|--|
| EIN: Email:  |        |          |  |  |
| PROFIT & LOSS STATEM   | 1ENT   | Γ        |  |  |
| Revenue  | Amount |          |  |  |
| Product sales  |        |          |  |  |
| Service Income   |        |          |  |  |
| Other income - give detail   |        |          |  |  |
| Service Servic |        |          |  |  |
| TOTAL INCOME   | Α      | \$0      |  |  |
|  |        |          |  |  |
| Cost of Goods  | Amount |          |  |  |
| Cost of Goods  | В      |          |  |  |
|  |        | T        |  |  |
| Business Expenses  | Amount |          |  |  |
| Advertising and marketing expense  |        |          |  |  |
| Amortization   |        |          |  |  |
| Automobile expenses - please complete mileage form for taxes   |        |          |  |  |
| Fuel   |        |          |  |  |
| Repairs & Maintenance  |        |          |  |  |
| Insurance  |        |          |  |  |
| Bad Debt (included in gross sales)   |        |          |  |  |
| Bank and Credit Card fees  |        |          |  |  |
| Business insurance   |        |          |  |  |
| Commissions to other corporations or LLC's  Contract Labor - 1099s issued  |        |          |  |  |
|  |        |          |  |  |
| Contract Labor - 1099s not issued  |        |          |  |  |
| Depreciation of property and equipment  Dues & Subscriptions   |        |          |  |  |
| Employee Health Insurance  |        |          |  |  |
| Equipment maintenance and rental   |        |          |  |  |
| Furniture and equipment  |        |          |  |  |
| Interest   |        |          |  |  |
| Legal expenses   |        |          |  |  |
| Licenses   | 1      |          |  |  |
| Meals  |        |          |  |  |
| Office expenses  |        |          |  |  |
| Office supplies  |        |          |  |  |
| i i i i i i i i i i i i i i i i i i i  | 1      | <u> </u> |  |  |

| Wages (Provide W3 form)  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Employer Taxes (SS & Medicare)   |   |  |  |  |  |  |
| State Unemployment   |   |  |  |  |  |  |
| Federal Unemployment (940)   |   |  |  |  |  |  |
| Postage and shipping   |   |  |  |  |  |  |
| Professional fees  |   |  |  |  |  |  |
| Rent - paid to business  |   |  |  |  |  |  |
| Rent - paid to individual & 1099 issued  |   |  |  |  |  |  |
| Telephone  |   |  |  |  |  |  |
| Travel   |   |  |  |  |  |  |
| Lodging  |   |  |  |  |  |  |
| Air Transportation   |   |  |  |  |  |  |
| Utilities  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Other expense - give detail:   |   |  |  |  |  |  |
| Other expense - give detail:   |   |  |  |  |  |  |
| Other expense - give detail:   |   |  |  |  |  |  |
| Other expense - give detail:   |   |  |  |  |  |  |
| TOTAL BUICINESS EVDENISES  |   | ¢0.00                                    |  |  |  |  |
| NET INCOME (LOSS) < FORMULA A-B-C > =  | С | \$0.00<br>\$0                            |  |  |  |  |
|  |   | \$0                                      |  |  |  |  |
| NET INCOME (LOSS) < FORMULA A-B-C > =  Payments to Shareholders (not loans or payroll and not included To: To:   |   | \$0                                      |  |  |  |  |
| NET INCOME (LOSS) < FORMULA A-B-C > =  Payments to Shareholders (not loans or payroll and not included To: To: To:   |   | \$0<br>nove)                             |  |  |  |  |
| NET INCOME (LOSS) < FORMULA A-B-C > =  Payments to Shareholders (not loans or payroll and not included To: To: To: To: Loans to company - to be paid back        |   | \$0  ove)  Equity Contributions:         |  |  |  |  |
| NET INCOME (LOSS) < FORMULA A-B-C > =  Payments to Shareholders (not loans or payroll and not included To: To: To: To:  Loans to company - to be paid back From: |   | \$0  bove)  Equity Contributions:  From: |  |  |  |  |

Date

Signature

| Company Na       | me:                   |                       | EIN                        |   | Year: |                       |      |  |
|------------------|-----------------------|-----------------------|----------------------------|---|-------|-----------------------|------|--|
| lease payment i  | in your corporation o | expenses for the year | ·.                         | ar information on the right side  |       | ill actuals including |      |  |
|                  | Mileage Info          | ormation Sheet        |                            | If you purchased a new car or you have added a car to your business during the year please fill out below |       |                       |      |  |
| Make             | Model                 | Date In Service       |                            | Model   | Make  | Purchase price        | Date |  |
| 1                |                       |                       |                            |   |       |                       |      |  |
| 2                |                       |                       |                            |   |       |                       |      |  |
| 3                |                       |                       |                            |   |       |                       |      |  |
| 4                |                       |                       |                            |   |       |                       |      |  |
| Starting Mileage | Ending Mileage        | Total Mileage         | Percent of<br>Business Use |   |       |                       |      |  |
|                  |                       | 0.00                  |                            |   |       |                       |      |  |
|                  |                       | 0.00                  |                            |   |       |                       |      |  |
|                  |                       | 0.00                  |                            |   |       |                       |      |  |
|                  |                       | 0.00                  |                            |   |       |                       |      |  |
|                  |                       | 0.00                  |                            |   |       |                       |      |  |
|                  |                       |                       |                            | Signa   | ture  |                       | Date |  |