



Profit and Loss Statement for Self Employed

Business Name: _____ EIN: _____ Business Address: _____

Month Beginning: _____ Month Ending: _____

INCOME:

CASH: _____ CREDIT CARD: _____ CASH APP: _____ PAYPAL: _____ BUSINESS ACCOUNT: _____

Gross Sales: \$ _____

Other Income (1099) \$ _____

COST OF GOODS SOLD: \$ _____

BUSINESS EXPENSES:

Monthly

Yearly

- Advertising/Marketing----- \$ _____ \$ _____
- Home office: ----- \$ _____ \$ _____
- SQ feet of home office----- _____
- Phone: ----- \$ _____ \$ _____
- Internet: ----- \$ _____ \$ _____
- Insurance (Other than homeowners): ----- \$ _____ \$ _____
- Legal Fees: ----- \$ _____ \$ _____
- Supplies: ----- \$ _____ \$ _____
- Maintenance & Repairs----- \$ _____ \$ _____
- Postage: ----- \$ _____ \$ _____
- Rent: ----- \$ _____ \$ _____
- Licenses: ----- \$ _____ \$ _____
- Utilities: ----- \$ _____ \$ _____
- Travel/Transportation----- \$ _____ \$ _____
- Meals----- \$ _____ \$ _____
- Business Taxes: ----- \$ _____ \$ _____
- Wages: (Contract Labor) ----- \$ _____ \$ _____

Total Expenses: \$ _____

Business Miles: _____

Commuting Business Miles: _____

By signing this document, I/We certify that I/We are self-employed/Independent contractor/1099 employee and the information on this document is **TRUE**. I/We understand that knowingly submitting false information may constitute **FRAUD**.

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____