

SELF EMPLOYMENT PROFIT AND LOSS STATEMENT

Self-Employed Individual's Name: _____ Client ID/SSN: _____

Month/Year: _____

Day	Week 1		Week 2		Week 3		Week 4		Week 5	
	# hrs	Gross \$	# hrs	Gross \$	# hrs	Gross \$	# hrs	Gross \$	# hrs	Gross \$
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
TOTALS										

Costs for self-employment vehicles

Gas				
Oil				
Repairs				
Tires				
# of miles				
TOTALS				

Business Related Expenses

Wages for Employees				
Soc. Sec. Tax (FICA)				
Ins./Work. Comp.				
Rent				
Telephone				
Utilities				
*Supplies				
*Merchandise				
*Postage/Freight				
*Advertising				
*Repairs				
**Loan Interest				
***Others				
TOTALS				

Cost of Goods Sold	
Inventory Beginning of Month:	\$ _____
Inventory At End of Month:	\$ _____
Cost of Items Used for Personal Use:	\$ _____

- * Keep receipts in case they are asked for
- ** Need a statement from the lender showing the principle and interest
- *** Need to be able to prove and explain these

I state that the information given is true to the best of my knowledge.

Signature _____ Date