

Name: _____

Case No.: _____

PROFIT & LOSS STATEMENT

Months _____ Year _____
 (Do Not Include Personal Household Expenses. Include Only Business Expenses.)

● INCOME		
1	Gross Receipts or Sales	\$ _____
2	Cost of Goods Sold:	
	2(a) Purchases	\$ _____
	2(b) Cost of Labor (do not include employee salaries)	\$ _____
	2(c) Materials and Supplies	\$ _____
		\$ _____
3	Gross Profit (subtract line 2 from line 1)	\$ _____
4	Other Income	\$ _____
5	Gross Income (add lines 3 and 4)	\$ _____
● EXPENSES (do not list Chapter 13 plan payment)		
6	Business Property Rent/Lease	\$ _____
7	Salaries and Wages of Employees	\$ _____
8	Employee Benefits	\$ _____
9	Equipment Lease Payments	\$ _____
10	Secured Debt Payments	\$ _____
11	Supplies (not included in 2(c))	\$ _____
12	Utilities	\$ _____
13	Telephone	\$ _____
14	Repairs & Maintenance	\$ _____
15	Miscellaneous Office Expense	\$ _____
16	Advertising	\$ _____
17	Travel & Entertainment	\$ _____
18	Professional Fees Name _____ Purpose _____	\$ _____
19	Insurance:	
	19(a) Liability	\$ _____
	19(b) Property	\$ _____
	19(c) Vehicle	\$ _____
	19(d) Worker's Compensation	\$ _____
	19(e) Other	\$ _____
		\$ _____
20	Taxes:	
	20(a) Payroll	\$ _____
	20(b) Sales	\$ _____
	20(c) Other _____	\$ _____
		\$ _____
21	Total Expenses (add lines 6 through 20)	\$ _____
● TOTAL PROFIT (LOSS) (subject line 21 from line 5)		\$ _____

I/We declare under penalty of perjury that the information provided is true and correct to the best of my knowledge, information and belief.

Dated: _____

Debtor

Dated: _____

Debtor