



PROFIT OR LOSS FROM BUSINESS

Business Name _____	
Business Activity _____	
EIN # _____	
Business Address _____	

Total Sales	\$ _____

Operating Expenses	
Advertising	\$
Bank Charges	\$
Laundry & Cleaning	\$
Fuel	\$
Commissions and Fees	\$
Outside Services	\$
Insurance	\$
Interest Paid	\$
Legal / Professional Services	\$
Office Expense	\$
Office Rent	\$
Equipment Rent	\$
Repairs / Maintenance	\$
Supplies	\$
Taxes and Licenses	\$
Travel / Meals / Entertainment	\$
Utilities	\$
Wages	\$
Telephone and Cell Phone	\$
Internet	\$
Licenses & Taxes	\$
Purchase of Materials	\$
Miscellaneous Expenses	\$
Other	\$
Other	\$
Total Expenses	\$ _____
Net Profit	\$ _____

Business Miles for the year	Miles
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