

## Monthly Profit and Loss Statement

Month: \_\_\_\_\_

Name: \_\_\_\_\_

Case # \_\_\_\_\_

INCOME	TOTALS
1. Gross receipts or sales	\$
2. Cost of goods sold:	\$
a. Materials & supplies         \$ _____	
b. Labor costs                    \$ _____	
(Do not include wages paid to your employees)	
c. Other _____               \$ _____	
3. Gross Income (Line 1 minus line 2)	\$
EXPENSES	
4. Net employee payroll (other than Debtor)	\$
5. Taxes:	
a. Payroll                         \$ _____	
b. Unemployment                 \$ _____	
c. Sales                            \$ _____	
c. Other _____               \$ _____	
6. Employee benefits (pension, medical, etc.)	\$
7. Inventory purchases	\$
8. Building rent or lease (other than the Debtor's residence)	\$
9. Utilities	\$
10. Telephone	
11. Office expenses and supplies	
12. Repairs and maintenance	\$
13. Vehicle expenses	\$
14. Travel and entertainment	\$
15. Equipment rental and leases	\$
16. Advertising	
17. Legal/accounting/other professional fees:	\$
a. _____                     \$ _____	
b. _____                     \$ _____	
18. Insurance:	\$
a. Liability                        \$ _____	
b. Property                        \$ _____	
c. Vehicle                         \$ _____	
d. Worker's Comp                 \$ _____	
c. Other _____                \$ _____	
19. Payments made directly to secured creditors (business creditors)	\$
a. _____                     \$ _____	
b. _____                     \$ _____	
c. _____                     \$ _____	
20. Other expenses:	\$
a. _____                     \$ _____	
b. _____                     \$ _____	
c. _____                     \$ _____	
21. Total Expenses: (add lines 4 through 20)	\$
<b>TOTAL PROFIT (LOSS)</b> (line 3 minus line 21)	\$