

SELF EMPLOYMENT PROFIT & LOSS STATEMENT

Month: _____	Year: _____
FAMILY: _____ (Last Name)	_____ (First Name)
NAME OF BUSINESS: _____	
NATURE OF BUSINESS: _____	

1. Gross Income (attach documentation): _____

2. Other Business Income: _____
(Include all sales, rents received, etc.)

3. Total Gross Income: (add 1 & 2) _____

**EXPENSES: Only if applicable for business
and under tax deductible guidelines.
(Attach copies of receipts)**

4. Rent: _____

5. Advertising: _____

6. Insurance: _____

7. Taxes & Licenses: _____

8. Supplies & Items sold: _____

9. Utilities: _____

10. Business Auto Expense: _____

11. Employee Wages: _____

12. Miscellaneous (*Must have receipts*): _____

13. Total Expense (add lines 4-12): _____

14. Net Profit: (subtract line 3 from line 13): _____

Under penalty of perjury, I affirm that the above information is true and correct. I understand that all suspected cases of fraud may be forwarded to the local district attorney.

Parent/Guardian Signature: _____ Date: _____