

Self-Employed Profit and Loss Statement

Name: _____

Business Name: _____

Statement Period: _____

Income

Description	Amount (\$)
Sales/Revenue	_____
Other Income	_____
Total Income	_____

Expenses

Description	Amount (\$)
Cost of Goods Sold	_____
Office Supplies	_____
Utilities	_____
Rent	_____
Insurance	_____
Advertising	_____
Other Expenses	_____
Total Expenses	_____

Net Profit (Loss)

	Amount (\$)
Net Profit (Total Income - Total Expenses)	_____

Signature: _____

Date: _____