



Profit and Loss

TAX YEAR _____

Taxpayer's Name: _____ Business Address: _____

You must attach the Business Questionnaire with this P&L

GROSS INCOME (If you have 1099's PLEASE ATTACH) _____

Advertising (social media)	_____
Mileage or Gas Paid	_____
Service Supplies	_____
Office Supplies	_____
Professional and Startup Fees	_____
Personal Development	_____
Cell Phone/Office Phone	_____
Travel Parking Tolls	_____
Meals	_____
Rent/Lease	_____
Utilities	_____
Taxes/Licenses	_____
Commissions and Fees	_____
Contract Labor	_____
Depreciation	_____
Insurance (Other Than Health)	_____
Interest	_____
Legal and Professional Fees	_____
Wages	_____
Other Business Expenses	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Operating Expenses _____

Profit or (Loss) From Business _____

By law you are required to keep adequate records. I am fully aware that I am Self-Employed, and the information provided on this income and expense worksheet will be used for income tax purposes. By signing below under penalties or perjury, the information provided to ARKED Enterprises is true, complete, and correct.

X Signature Required _____ Date _____