PROFIT AND LOSS STATEMENT

Name:		
Company Name:		
Address:		
For the Period:	DD/MM/YYYY DD/MM/YYYY	
Income:	Gross Sales and Receipts	
Other Income:	Other Income (interest, fees earned, etc.).	
	Total Income (Gross Sales plus Other Income)	
Business Only	Salaries Paid to Owners (other than me/us)	
Expenses:	Salaries Paid to Employees (other than me/us)	
Net Income/Loss: (Total Income minus Total Expenses)	
Gross Income/Loss	s:	
This form accurately	states my/our business expenses and self-employed income for the stated period.	
Signature		