



Small Business Income & Expenses

Business Name: _____ Month/Year _____

Income: Total Income \$ _____

Expenses:

| | | | |
|--------------------------|----------|------------------------|----------|
| Advertising | \$ _____ | Business Miles *OR* | _____ |
| Bank Fees | \$ _____ | Vehicle Insurance | \$ _____ |
| Equipment Rental / Lease | \$ _____ | Vehicle Fuel | \$ _____ |
| Equipment Repairs | \$ _____ | Vehicle Repairs | \$ _____ |
| Job Materials | \$ _____ | Business Insurance | \$ _____ |
| Supplies | \$ _____ | Repairs & Maint. | \$ _____ |
| Cost of Labor | \$ _____ | Tools | \$ _____ |
| Postage & Shipping | \$ _____ | Legal & Professional | \$ _____ |
| Rent – Office/Storage | \$ _____ | Meals & Ent. | \$ _____ |
| Office Supplies | \$ _____ | Taxes & Licenses | \$ _____ |
| Telephone | \$ _____ | Utilities for Business | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Signature _____ Date _____

