

INCOME/EXPENSE SHEET



Business Name _____

Address _____

Gross Monthly Sales: \$ _____

Monthly Net after expenses: \$ _____

%Cash _____

%Credit Cards _____

Total Expenses: \$ _____

Rent: \$ _____

Electricity: \$ _____

Water: \$ _____

Accounting Fees: \$ _____

Food / Supplies \$ _____

Advertising \$ _____

No. of Employees: _____

Misc: _____

*All amounts above are per month unless otherwise noted

*All information above has been provided by Owner, Information is believed accurate but is not warranted