

**Operating Report
Business Statement of Income/Loss by Month**

Month 1 Month 2 Month 3 Month 4 Month 5 Month 6

Enter Month Here →	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Gross Income/Receipts:						
Operating Expenses:						
Rent (if operated outside home)						
Electricity (if operated outside home)						
Gas (if operated outside home)						
Water (if operated outside home)						
Telephone/Cell (if operated outside home)						
Office Maintenance						
Salaries						
Self Employment Taxes						
Insurance						
Professional Fees/Dues						
Advertising						
Raw Materials/Inventory						
Office Supplies						
Office Equipment/Leases						
Fuel						
Sales Taxes						
Vehicle Tax						
Vehicle Maintenance						
Permits/Registration Fees/Inspection						
Other: _____						
Other: _____						
Other: _____						
Other: _____						
Other: _____						
Other: _____						
Other: _____						
Other: _____						
Other: _____						
Other: _____						
Total Expenses:						
Net Profit/Loss:						