| Debtor | Name(| (s) |): | |
|--------|-------|-----|----|--|
|--------|-------|-----|----|--|

Case Number: _____

Business Name: _____

Quarter: 1st 2nd 3rd 4th 20

Profit & Loss Statement

INCOME

| Gross Receipts / Sales | \$ (1) |
|------------------------|-----------|
| Other Income | |
| Asset Sales | \$ (2) |
| Loan Proceeds | \$ (3) |
| Rent Proceeds | \$ (4) |
| Tax Refunds | \$ (5) |
| Other: | \$ (6) |

Total Income

(add lines 1 through 6)

\$ (7)

| EXPENSE (do not list chapter 13 payment) | |
|--|------------|
| Business Rent / Lease | \$ (8) |
| Employee Wages | \$ (9) |
| Employee Benefits | \$ (10) |
| Equipment Leases | |
| Auto | \$ (11) |
| Truck | \$ (12) |
| Other: | \$ (13) |
| Purchases | |
| Equipment | \$ (14) |
| Inventory | \$ (15) |
| Supplies | \$ (16) |
| Other: | \$ (17) |
| Utilities | |
| Electric | \$ (18) |
| Gas | \$ (19) |
| Internet | \$ (20) |
| Telephone | \$ (21) |

| Repairs and Maintenance | \$ | (22) | |
|--|--------------------------------------|--------------|------------|
| Professional Fees | | | |
| Accounting | \$ | (23) | |
| Legal | \$ | (24) | |
| Insurance | | | |
| Liability | \$ | (25) | |
| Property | \$ | (26) | |
| Vehicle | \$ | (27) | |
| Worker's Comp | \$ | (28) | |
| Other: | \$ | (29) | |
| Taxes | | | |
| Payroll | \$ | (30) | |
| Sales | \$ | (31) | |
| Other: | \$ | (32) | |
| Miscellaneous | | | |
| Fuel | \$ | (33) | |
| Postage | \$ | (34) | |
| Travel | \$ | (35) | |
| Other 1: | \$ | (36) | |
| Other 2: | \$ | (37) | |
| Other 3: | \$ | (38) | |
| Total Expense (add lines 8 through 38) | | | \$ (39) |
| | NET INCOME (subtract line 39 fro. | \$ m line 7) | |

 $\rm I$ / We certify that the foregoing information is true and correct to the best of my / our knowledge and belief. If this information is willfully false, I / we understand that I am / we are subject to punishment.