

Monthly Financial Statement

Business Name: _____
Month/Year: _____

Income

Description	Amount
Sales Revenue	
Other Income	
Total Income	

Expenses

Description	Amount
Cost of Goods Sold	
Rent	
Salaries & Wages	
Utilities	
Marketing & Advertising	
Office Supplies	
Insurance	
Professional Fees	
Other Expenses	
Total Expenses	

Net Profit (Total Income - Total Expenses)

Net Profit	
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Notes / Comments