

**PROFIT AND LOSS STATEMENT - SELF EMPLOYMENT**

Case Name: \_\_\_\_\_ Report For: \_\_\_\_\_

Case Number \_\_\_\_\_ Report For: \_\_\_\_\_

Month/YR

Period/YR

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

**YOU MUST GIVE US PROOF OF ALL INCOME AND ALL EXPENSES OR YOUR BENEFITS MAY BE STOPPED OR DROPPED.**

A. INCOME		COUNTY USE ONLY
1 Income from sales	\$ _____	
2 Labor charges, commission, tips, rentals, leases, etc.	\$ _____	
3 Other:	\$ _____	
Explain Source: _____		

B. BUSINESS EXPENSES		
1 Shop or Booth Rental	\$ _____	
2 Business Utilities	\$ _____	
3 Wages paid (except to family)	\$ _____	
4 Social Security, taxes and SDI paid for Employees	\$ _____	
5 Building/equipment repairs and maintenance	\$ _____	
6 Office supplies	\$ _____	MILEAGE EXPENSES
7 Insurance, licensing and bank chgs.	\$ _____	
8 Advertising	\$ _____	Work Miles _____
9 Merchandise/Equipment	\$ _____	divide by _____
# Transportation		total miles _____
Miles driven for business <u>only</u> , <u>Do not</u> include miles to and from work	_____	equals % of miles driven for work _____
Miles driven in month, both business and personal	_____	
Total <u>unreimbursed</u> expenses (gas, oil, tires, repairs, license, insurance, etc.)	\$ _____	Total unreimbursed costs _____

**NOTE: Transportation expenses cannot be used as a deduction if being reimbursed by Employment Services.**

# Other business expenses:  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under the penalty of perjury, under the laws of the State of California, that the information contained in this statement is true and correct

Signature	Date	Gross Income: \$ _____
		Verif. Exp. - \$ _____
		Adj. gross \$ _____
		WKR: _____
		Date: _____