

COMPANY NAME _____

TIME PERIOD _____ (month) to _____ (month) 2020

INCOME **Amount**

Sales \$

Service \$

Other Income \$

TOTAL INCOME \$

EXPENSES

Inventory Purchases \$

Payroll \$

Rent/Mortgage Payments \$

Utility Costs \$

Insurance \$

Taxes and Licenses \$

Advertising \$

Professional Fees \$

Equipment Loans \$

Vehicle Loans \$

Repairs and Maintenance \$

Office Supplies \$

Other Expenses \$

TOTAL EXPENSE \$