

Monthly Income Statement Form

Business Information

- Business Name: _____
- Business Address: _____
- Contact Number: _____
- Statement Period: From _____ To _____

Income Details

Income Source	Amount (\$)	Notes	Date Received
Sales Revenue			
Service Revenue			
Rental Income			
Commissions & Fees			
Other Business Income			
Investment Income			
Refunds & Adjustments			
Total Monthly Revenue			

Expense Breakdown

- Salaries & Wages: \$ _____
- Rent/Mortgage: \$ _____
- Utilities (Electricity, Water, Internet): \$ _____
- Marketing & Advertising: \$ _____
- Office Supplies: \$ _____

- Insurance: \$ _____
- Miscellaneous: \$ _____

Profit & Loss Calculation

- Total Monthly Revenue: \$ _____
- Total Expenses: \$ _____
- Net Profit/Loss (Revenue - Expenses): \$ _____

Declaration

I confirm that the above information is accurate and reflects my business earnings for the stated period.

- Signature: _____ Date: _____