

Small Business Expense & Revenue Form**Business Name:** _____ **Owner:** _____

For each category that applies to your business, write the amount you spent on that expense in each month. If you had no activity for any month, write \$0. If the category does not apply to you, leave it blank. For the monthly revenue category, write the amount you earned for each month.

	Monthly Cost	Number of Months	Yearly Cost
Advertising			
Vehicle Lease or Rent Fees			
Commissions & Fees			
Contract Labor			
Depreciation			
Employee benefits & health ins			
Insurance			
Self-employed health ins			
Interest			
Legal & professional services			
Office expense			
Pension			
Equipment rent or lease			
Truck rent or lease			
Repairs/Maintenance			
Supplies			
Cost of Goods sold			
Quarterly tax payments			

Small Business Expense & Revenue Form

Business Name: _____

Owner: _____

	Monthly Cost	Number of Months	Yearly Cost
Taxes & Licenses			
Travel costs			
Travel meals			
Utilities			
Other Expenses			
Mileage			
Gas			
Oil			
Car Insurance			
Car Repairs			
Vehicle Registration			
Rent/Mortgage			
Utilities			
Internet			
Phone			
Real Estate Tax			
Mortgage Interest			
Home Insurance			
Other Expenses			
Repairs/Maintenance			
Monthly Revenue			