

**Profit and Loss Statement for Self-Employment**

You may use this form to verify your self-employment income and business expenses if you have not filed a current tax return or if your most recent tax return does not reflect current income. Please complete all sections then sign and date at the bottom of the form.

**Your name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Business Activity & Name:** \_\_\_\_\_

**Indicate the period that this form covers. Please use *complete months only*, for example 8/1/22-9/30/22, NOT 8/1/22-9/15/22.**

From (mm/dd/yy): \_\_\_\_\_ To (mm/dd/yy): \_\_\_\_\_

Average number of hours worked per month: \_\_\_\_\_

**For the period indicated above, please provide the following information:**

Gross Income (for goods, services, tips, etc.)      \$ \_\_\_\_\_

Minus Cost of Goods Sold                                      - \$ \_\_\_\_\_

Equals Adjusted Gross Income                                      = \$ \_\_\_\_\_

**List the totals for each business-related expense for the period indicated above.**

Equipment Fuel/Oil \$	Materials/Supplies \$	Advertising \$	Cleaning \$
Rent (Property or Equipment) \$	Utilities \$	Commissions/Fees \$	Taxes/Licenses \$
Repairs/Maintenance \$	Office Expenses \$	Postage/Shipping \$	
Insurance (other than health) \$	Wages/Tips Paid to Employees \$	Other (specify) \$	
Business Miles Traveled _____ x Current Federal Mileage Rate _____ = \$ _____ (Current federal mileage rate can be found on <a href="http://www.irs.gov">www.irs.gov</a> )			
<b>Add all Expenses Above for Total Business-Related Expenses</b> \$			

Are there any other wages or draws you pay to yourself? ☐ Yes    ☐ No  
(If yes, provide the last 4 weeks of paystubs).

Do you make regular FICA contributions? ☐ Yes    ☐ No

**Sign and date below to certify that this is an accurate statement of your income and expenses.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

Return to: Centralized Scanning Unit (CSU) P.O. Box 181, Concord NH 03301

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